



## Registration Form: One per family required every year 2024 2025

**Print Parent/Guardian Name:** \_\_\_\_\_

Please fill out this form completely and print clearly so we can read letter and numbers correctly

**List ALL Child/Children Attending ASA**

**List first and last name that matches Birth certificate name as well as current grade(23/24) and Date of Birth. Circle R is returning, Circle N if New student to ASA**

All new students must be tested before acceptance is granted

R Or N	<b>1.</b>	_____	grade	_____	DOB	_____
R or N	<b>2.</b>	_____	grade	_____	DOB	_____
R or N	<b>3.</b>	_____	grade	_____	DOB	_____
R or N	<b>4.</b>	_____	grade	_____	DOB	_____
R or N	<b>5.</b>	_____	grade	_____	DOB	_____

is your family: Non Catholic \_\_\_\_ ~Catholic \_\_\_\_

List Parish/church you attend: \_\_\_\_\_

### Parent/Guardian Information: Required

**Mother/Guardian** \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

**Father/Guardian** \_\_\_\_\_

Address (if different from above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

### Emergency Contacts- We must have three with at least two not parent/guardian

**1. Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**2. Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**3. Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone:** \_\_\_\_\_