



Annunciation Austin

Education Enriched through Faith and Family

Enrollment Information

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Please complete the form, sign and return.

FATHER'S NAME: _____
 (Last, First, Preferred Name)

MOTHER'S NAME: _____
 (Last, First, Preferred Name)

	Student 1	Student 2	Student 3	Student 4
Last Name				
First Name				
Preferred Name				
Grade (entering)				
Date of Birth				
Gender				
Social Security #				

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- I agree to pay monthly tuition by the tenth of each month.
- I am enclosing the non-refundable enrollment fee for the student listed above. (Make check payable to *Annunciation Austin*.)
- I agree to pay one month's tuition by April 15 in order to guarantee each student's spot for the fall.
- I agree for our family to be listed in the school's directory.

Parent's Signature: _____ (Date)

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