



# REGISTRATION FORM

Student

Name \_\_\_\_\_ Grade \_\_\_\_\_

Additional Student \_\_\_\_\_ Grade \_\_\_\_\_

Additional Student \_\_\_\_\_ Grade \_\_\_\_\_

Additional Student \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email address \_\_\_\_\_

Parish School \_\_\_\_\_

\*Registration Fee \$100 per student, to be paid through FACTS Tuition Management.

I \_\_\_\_\_, the parent of the child(ren) listed above, wish to enroll them at St. Isidore of Seville Virtual School for the 2020-2021 Academic Year. I understand that this is a year-long commitment, and I am responsible for the full tuition amount of \$6,000.00.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

*\*Registration fees will be applied to the first month's tuition and are non-refundable.*

*Please send this form to [stisidore@arlingtondiocese.org](mailto:stisidore@arlingtondiocese.org) to complete your registration.*