



St. Ignatius of Loyola Catholic School

545 S. Third St. Rogers City, MI 49779 Ph. (989) 734-3443 Fax (989) 734-3443

www.stignatiusparishschool.com

2025-2026 Registration Form

Student Information

	Student 1	Student 2	Student 3	Student 4
First Name				
Middle Name				
Last Name				
Date of Birth				
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Ethnicity				
Place of Birth City, State				
Grade Entering Pre/K-8				
Religion				
Sacraments Baptism, Confirmation, Holy Eucharist				

* Please provide the school with a copy of student's birth certificate and immunization certificate or waiver.

* Kindergartners must have a copy of an eye exam between date of entry and three years of age.

Preschool Options

___ 2 Day Morning T/TH 7:55 AM-11:00 AM

___ 2 Full Day T/TH 7:55 AM-2:45 PM

___ 3 Day Morning M/W/F

___ 3 Full Day M/W/F

___ 5 Day Morning M/T/W/TH/F

___ 5 Full Day M/T/W/TH/F

Photo Release

___ As a parent of St. Ignatius School, I understand that in the course of school and school sponsored events, students will be occasionally photographed and or videotaped for the yearbook, bulletin boards, newspaper articles, St. Ignatius School/Parish website and our Facebook page. I hereby authorize my child(ren) photos to be included in such events.

OR

___ I do not wish my student(s) picture to be taken for the following, please list:

Payment Options

___ Pay in full on or by August 31, 2025

___ Pay monthly through *FACTS* sign up on line by following the link on our website

___ Apply for tuition assistance through *FACTS* from the Guardian Angel Fund

Parent/Guardian Information

	Parent/Guardian 1	Parent/Guardian 2
First Name		
Last Name		
Relationship to student		
Marital Status Married, Single, Divorced, Separated, Widowed, Remarried		
Religion/ Parish Registered at		
Address		
City, State, Zip		
Home Phone Number		
Cell Phone Number		
E-mail Address		
Employer		
Work Phone Number		
Student Lives With?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Share Equal Time	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Share Equal Time
Has Custody?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
School Pick Up?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Receive Extra Mailings?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact (other than parents)

	Emergency Contact 1	Emergency Contact 2	Emergency Contact 3
Name			
Relationship			
Phone Number(s)			

Parent/Guardian Signature _____ Date: _____

☐ I am enrolling my child(ren) in the St. Ignatius School After-Care Program.

Please notify the school of any changes as they occur.