

FARLEY CAMPUS  
210 Second Ave SE  
Farley, Iowa 52046  
563.744.3290



PEOSTA CAMPUS  
7597 Burds Road  
Peosta, Iowa 52068  
563.556.5967

**2021 – 2022 REGISTRATION FORM**

**TUITION ASSISTANCE IS AVAILABLE ONLINE AT: <https://online.factsmgt.com/signin/3ZG8Z>**

**PLEASE RETURN THIS FORM WITH PRE-REGISTRATION FEE BY: FRIDAY, JANUARY 29, 2021**

Current Seton families will be given priority until this date.

**PLEASE FILL IN YOUR FAMILY NAME, STUDENTS ATTENDING SETON AND CHILDREN NOT YET IN K-8 SCHOOL.**

Family Name \_\_\_\_\_ Phone \_\_\_\_\_  
Last Name Father Mother

Address \_\_\_\_\_

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

Family email address: \_\_\_\_\_  
Email address you check frequently

<b>NAMES OF STUDENTS (Include full middle name)</b>	<b>Gender</b>	<b>Ethnicity</b>	<b>Grade (Entering)</b>	<b>Birthdate</b>

<b>CHILDREN NOT IN SCHOOL (preschool)</b>	<b>Gender</b>	<b>Age</b>	<b>Birthdate</b>

**TUITION FOR 2021 - 2022**

Each Child \$2,185  
Out Of Parish \$2,620

**TECHNOLOGY FEE**

K – 5 \$ 50.00  
6 – 8 \$130.00

**THE PRE-REGISTRATION FEE IS \$50.00 PER FAMILY. THIS WILL BE APPLIED TO NEXT YEARS TUITION AND IS REQUIRED TO ENSURE ENROLLMENT. IF YOUR CHILD DOES NOT ATTEND SETON THIS IS NOT REFUNDABLE.**

**CHECK HERE IF YOU LIVE OUTSIDE OF THE WESTERN DBQ. DISTRICT**

**Member of (select one):**

**St. Clement-Bankston   St. John-Peosta   St. John-Placid   St. Joseph-Farley**  
**St. Patrick-Epworth   Other: \_\_\_\_\_**

**SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_**

**Parent/Guardian** \*If submitting electronically, check here and return form and fee.

**If there have been any changes since January of 2020, when you last filled out this Pre-Registration form, please indicate those below, even if you called or sent changes during the school year. If all information is the same, simply sign the first page and return.**

Address \_\_\_\_\_

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

Cell Phone: (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

E-Mail: (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

Mother's Name (maiden/first) \_\_\_\_\_ Religion \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Step Parent (if applies) \_\_\_\_\_

Non Resident Parent (If applies) \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PLEASE FILL OUT PARENT WORK INFORMATION BELOW:**

Mother's Employer: \_\_\_\_\_ Phone \_\_\_\_\_

Occupation: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Phone \_\_\_\_\_

Occupation: \_\_\_\_\_

Is it okay to contact you at work? Mother- Yes \_\_\_ No \_\_\_ Father- Yes \_\_\_ No \_\_\_

**Medical Alert:** \_\_\_\_\_

(Specific allergy or health problem that would be considered a medical alert)

**Contact Person #1: Person and phone number to be called in case of emergency (someone available to pick up your child if sick and you cannot be reached):**

\_\_\_\_\_ Phone-Home \_\_\_\_\_

Name (Relationship) Cell \_\_\_\_\_

**Contact Person #2: Person and phone number to be called in case of emergency (someone available to pick up your child if sick and you cannot be reached):**

\_\_\_\_\_ Phone-Home \_\_\_\_\_

Name (Relationship) Cell \_\_\_\_\_

**Have the above persons agreed to assume this responsibility? YES \_\_\_ NO \_\_\_**

**Name of Doctor:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name of Dentist:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Name of Hospital:** \_\_\_\_\_ **Phone** \_\_\_\_\_

**To submit, download form and save as a PDF and send by email to [llahey@seton.pvt.k12.ia.us](mailto:llahey@seton.pvt.k12.ia.us) or print and mail with fee to: 7597 Burds Road, Peosta, IA 52068.**