

FARLEY CAMPUS
210 Second Ave SE
Farley, Iowa 52046
563.744.3290



PEOSTA CAMPUS
7597 Burds Road
Peosta, Iowa 52068
563.556.5967

2024 – 2025 REGISTRATION FORM

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

PLEASE RETURN THIS FORM WITH PRE-REGISTRATION FEE BY: FRIDAY, FEBUARY 16, 2024

Current Seton families will be given priority until this date.

PLEASE FILL IN YOUR FAMILY NAME AND STUDENTS WHO WILL BE ATTENDING SETON.

Family Name _____ Phone _____

Last Name

Father

Mother

Address _____

City _____ State _____ Zip Code _____

Family email address: _____

Email address you check frequently

NAMES OF STUDENTS (Include full middle name)	Gender	Ethnicity	Grade (Entering)	Birthdate
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TUITION FOR 2024 - 25 = \$6,318

Students that do not qualify for ESA, Final cost = \$2,485

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 2023, 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 or print and mail with fee to: 7597 Burds Road, Peosta, IA 52068.