

FAMILY LAST NAME: _____

**NEW HOMESCHOOL FAMILY
REGISTRATION FORM
2020-2021**

The fullness of Catholic education is predicated on the understanding that those who have been given the responsibility to teach accept the full scope of that responsibility in all of its dimensions. In matters of faith, all teachers are witnesses to the gospel message and pass on the living faith. The Catechism of the Catholic Church is the resource that guides our lessons and teachings.

It is understood that parents who opt to teach their children at home have options in how their children will be educated. It is the intent of St. William of York to preserve the integrity of the parents' choice, as well as to nurture and establish open lines of communication between parent and parish.

STUDENT INFORMATION

	NAME OF CHILD	Home School GRADE completed 2019-2020	Home School GRADE taught for 2020-2021	Required Documentation	Notes*
1				<input type="checkbox"/> Baptism Certificate <input type="checkbox"/> First Communion (if applicable)	
2				<input type="checkbox"/> Baptism Certificate <input type="checkbox"/> First Communion (if applicable)	
3				<input type="checkbox"/> Baptism Certificate <input type="checkbox"/> First Communion (if applicable)	
4				<input type="checkbox"/> Baptism Certificate <input type="checkbox"/> First Communion (if applicable)	

*If there is any information about your children we need to know, such as reading below grade level, custody issues that may affect attendance, learning disabilities (ADD, ADHD), language problems, physical impairment (including hearing or visual difficulties), allergies, asthma, etc., please annotate in the "Notes" column above. **(This information will be kept confidential).**

CUSTODY INFORMATION

This child(ren) resides with: Both birth parents Mother only Father only Mother/Stepfather Stepmother/Father

PRINTED NAME OF PERSON COMPLETING THIS FORM: _____

SIGNATURE OF PERSON COMPLETING THIS FORM: _____

TODAY'S DATE: _____

Date Completed Form Received: / / Date Entered in System: / / Entered by:

FAMILY LAST NAME: _____

Saint William of York Catholic Church

3130 Jefferson Davis Highway, Stafford , VA 22554
(540) 659-5705 Email: reoffice@swoycc.org
Fr. Robert DeMartino, *Pastor*
Deacon James Benisek, *Director of Religious Education*

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Parish Membership: All families at SWOY who are homeschooling for religious education *must be registered members* of St. William of York parish and live within the boundaries of the parish.

Are you registered with the parish? YES NO UNSURE

PARISH ID#: _____
DATE REGISTERED: _____

CONTACT INFORMATION

Address of Residence: _____
STREET CITY ZIP CODE

Mailing Address if different from above: _____
STREET
CITY ZIP CODE

Home Phone: () _____ N/A; do not use a landline - only cell phone

Email Address: _____

Our office will use email to notify parents of upcoming meetings, due dates and other interest items pertaining to your child's religious education. If you prefer another form of communication, please list it here: _____

FATHER ▼	PARENT/GUARDIAN INFORMATION	▼ MOTHER
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<p>Name: _____</p> <p>Relationship to student: _____</p> <p>Cell Phone Number: _____</p> <p>Cell Phone Provider: _____</p> <p>Work Phone Number: _____</p> <p>Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> _____</p> <p>Marital Status: <input type="checkbox"/> Married; Catholic Marriage? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Separated <input type="checkbox"/> Divorced; Single parent? <input type="checkbox"/> YES <input type="checkbox"/> NO Remarried? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>Name: _____</p> <p>Maiden Name: _____</p> <p>Relationship to student: _____</p> <p>Cell Phone Number: _____</p> <p>Cell Phone Provider: _____</p> <p>Work Phone Number: _____</p> <p>Religion: <input type="checkbox"/> Roman Catholic <input type="checkbox"/> _____</p> <p>Marital Status: <input type="checkbox"/> Married; Catholic Marriage? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Separated <input type="checkbox"/> Divorced; Single parent? <input type="checkbox"/> YES <input type="checkbox"/> NO Remarried? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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