



# Queen of Heaven School

## 2026-2027 Registration Form

839 Mill Road  
West Seneca, New York 14224  
716.674.5206  
www.qofhschool.org

### Office Use Only

Last Name: \_\_\_\_\_  
#of Children \_\_\_\_\_ ID# \_\_\_\_\_  
Non-Refundable Registration \$ \_\_\_\_\_  
Non-Refundable STaC Fee \$ \_\_\_\_\_  
Date paid \_\_\_\_\_ check# \_\_\_\_\_ cash \_\_\_\_\_  
ACH Form \_\_\_\_\_ Family Commitment \_\_\_\_\_  
CTGP form \_\_\_\_\_ (non- parishioner families)  
Tuition plan: annually \_\_\_\_\_ monthly \_\_\_\_\_  
Amount of tuition \_\_\_\_\_  
Student's first day \_\_\_\_\_

Today's date: \_\_\_\_\_

Registration Fee: \$100.00 (non-refundable) **Per Child** \$150 after March 15, 2026.

Student Technology and Consumable Fee (STaC): \$200 (non-refundable) **Per Family** is due and payable with registration.

\_\_\_\_ Please use existing ACH banking information to pay the above fees upon submission.

**ALL OTHERS** Please make all checks payable to "Queen of Heaven School"

**NOTE:** Registrations will **NOT** be processed until Registration Fee & STaC Fee are paid in full.

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Please Print Clearly.

Family Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

School District Student Resides in: \_\_\_\_\_

Student Name: Last, First

Grade as of 9/1/26

DOB

Student Name: Last, First	Grade as of 9/1/26	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Race (optional):** 1) American Indian 2) African American 3) Caucasian 4) Hispanic 5) Asian or Pacific Islander 6) Multi-racial

**Child(ren) resides with:** Mother \_\_\_\_ Father \_\_\_\_ Both \_\_\_\_ Other (Specify): \_\_\_\_\_

**\*\*\*\*\*Please complete below for both Parents\*\*\*\*\***

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Home address: \_\_\_\_\_

Home address: \_\_\_\_\_

(If different from student)

(If different from student)

Religion: \_\_\_\_\_

Religion: \_\_\_\_\_

E-Mail: \_\_\_\_\_

E-Mail: \_\_\_\_\_

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

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

Place of employment: \_\_\_\_\_

Place of employment: \_\_\_\_\_

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

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

Business phone: \_\_\_\_\_

Business phone: \_\_\_\_\_

VIRTUS Certified: Yes \_\_\_\_ No \_\_\_\_

VIRTUS Certified: Yes \_\_\_\_ No \_\_\_\_

**Parents are:** Married \_\_\_\_ Separated \_\_\_\_ Divorced \_\_\_\_

**Queen of Heaven Parishioners:** ( ) Yes ( ) No If no, parish affiliation \_\_\_\_\_

(CTGP form needed)

**Student's Emergency Contacts (other than legal guardian):**

1. \_\_\_\_\_
2. \_\_\_\_\_

**Please list in order the Authorized Individuals (other than parents) who are allowed to pick up your child if necessary.**

Name	Phone Number	Relationship to Child

**Additional Requirements:**

**HSG Family Commitment Form (All families)**

**Catholic Tuition Grant Program (CTGP) Form if NOT a member of Queen of Heaven Parish**

**ACH Form if paying monthly—New form every year must be completed**

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**Please select tuition payment plan preferred:**

Last Name

First Name

( ) Plan 1 – Paid in full. Please make all checks or money orders payable to Queen of Heaven Parish by August 15th.

**\*\*\*\*NO POST DATED CHECKS OR CASH WILL BE ACCEPTED\*\*\*\***

**To ensure proper credit to your account please:**

Enclose your payment coupon (with your tuition ID #) or Indicate your tuition ID# if using a bill paying service

( ) Plan 2 – Monthly payments. \*\*New ACH form required every school year\*\*

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

Print Name \_\_\_\_\_

**FILLABLE FORMAT ONLY: My typed name below represents my legally binding "digital" signature. (This form may be emailed if using digital signature)**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

**\*\* Email forms to [admissions@qofhschool.org](mailto:admissions@qofhschool.org)**

**{Please complete reverse side}**