



# Queen of Heaven School

## 2026-2027 Registration Form

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

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.

**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

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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)

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)

<b>Office Use Only</b>	
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 _____	_____

**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}**