



# Queen of Heaven School

## 2026-2027 Re-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	M	F	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: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Home address: \_\_\_\_\_  
(If different from student)

Mother: \_\_\_\_\_  
Cell phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Home address: \_\_\_\_\_  
(If different from student)

Religion: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Place of employment: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business phone: \_\_\_\_\_  
VIRTUS Certified: Yes \_\_\_\_ No \_\_\_\_

Religion: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Occupation: \_\_\_\_\_  
Place of employment: \_\_\_\_\_  
Address: \_\_\_\_\_  
Business phone: \_\_\_\_\_  
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 \_\_\_\_\_



**SIGNATURE**

**DATE**

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

{Please complete reverse side}