



# St. Edward Academy

## Registration 2025 - 2026 Current

Located at  
St. Edward the Confessor Catholic Church  
1310 S. Palestine St. 75751

Grades  
7-8, 9-12

**FAMILY NAME:** \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_  
Last First Last First

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

Phone: Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (Mom) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell (Dad) (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_ Name of your parish church: \_\_\_\_\_

*Please list an Emergency Contact aside from the child's parents. In an emergency, we will always attempt to contact parents first.*

Name of Emergency Contact: \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work/Other: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**CHILD NAME:** \_\_\_\_\_

Grade for which you are registering: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ My child is behind on his or her Sacraments; please contact me regarding Sacrament catch-up for my child.

☐ My Child has special educational/medical needs. Explain (use back if necessary): \_\_\_\_\_

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Grade for which you are registering: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### Tuition for the 2025—2026 Year

There is also a non-refundable \$100 until June 1 then \$250 registration fee per child due at the time of registration. Checks must be made out to SEA, placed in a marked envelope, and handed in at the parish office. Please notify the parish office if you need financial assistance.. Monthly payments will be accepted beginning July 2025.

7th-8th	9-12th	2-4 child additional each	Composite Fee per child
\$2500	\$3000	\$1500	\$250

*Dismissal —All children must be picked up by a parent or parent designate.  
Children who have not been picked up by the end of dismissal, will be brought to the parish office to await their parents.*

☐ My child will be picked up by a parent or designate: Names of Approved designates \_\_\_\_\_

☐ I have a special dismissal request and have indicated that on the back of this form. \_\_\_\_\_

☐ I have enclosed the non-refundable \$100/\$250 registration fee required for each child at the time of registration.

☐ I have received, read, and I understand the **2025-2026 Parent Handbook**.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**CHILD NAME:** \_\_\_\_\_

Grade for which you are registering: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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St. Edward Academy admits students of any race, color, national and ethnic origin to all the rights, privileges, programs, and activities made available to our students. It does not discriminate on the basis of race, color, national and ethnic origin in administration of its educational policies, admissions policies, and other programs.

Notes from parents: