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OUR LADY OF FATIMA ACADEMY
Where ordinary becomes extraordinary!
(352) 556-2869
10360 Atlanta Avenue
Weeki Wachee, FL 34614

Registration Form 2026-2027 school year

Please, indicate for *which school program* your student is enrolling:

Private School Program____ Home School Program____

Child's Name:_____ Middle_____

Last_____ Age:_____ DOB:_____/_____/_____

Grade: _____

Home Address:_____ City: _____ State:_____ Zip: _____

Last School Attended: _____ Date Left:_____/_____/_____

Address of school:_____ City:_____ State:_____ Zip:_____

Father's Full Name:

_____

Occupation_____ home phone: (_____) _____

Cellphone:(_____)_____-_____ work phone: (_____)_____- _____

Email:_____

Mother's Full Name:

_____

Occupation_____ home phone: (_____)_____ -_____

Cellphone:(_____)_____-_____ work phone: (_____)_____-_____

Email:_____

TUITION QUESTIONS:

Will you be paying through StepUp or another scholarship program? _____

If another scholarship program, please, indicate which here:

_____

Please, identify which form of StepUp you will be using to pay for tuition:

_____

What is your **StepUp Award ID?** *(private school enrollment, only)*

_____

Preferred Person and Contact Number for school notifications:

Name:_____ Phone: (_____) _____

I **(CAN/ CANNOT)** receive notifications by text message

Please, EMAIL a COPY of this form to OurLadyofFatimaAcademy1013@gmail.com

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Registration Form – Page 2

Additional Children for Registration:

Child's Name:___________________________ Middle______________ Last________________________

Age:______Date of Birth:____/____/_____ Grade: ______

Last School Attended: ____ Date Left:____/____/_____

Address of school:_________________________ City:__________________ State:____ Zip:__________

Please, identify which form of StepUp you will be using to pay for tuition:

____

What is your **StepUp Award ID?** *(private school enrollment, only)*

____

Child's Name:___________________________ Middle______________ Last________________________

Age:______Date of Birth:____/____/_____ Grade: ______

Last School Attended: ____ Date Left:____/____/_____

Address of school:_________________________ City:__________________ State:____ Zip:__________

Please, identify which form of StepUp you will be using to pay for tuition:

____

What is your **StepUp Award ID?** *(private school enrollment, only)*

____

Child's Name:___________________________ Middle______________ Last________________________

Age:______Date of Birth:____/____/_____ Grade: ______

Last School Attended: ____ Date Left:____/____/_____

Address of school:_________________________ City:__________________ State:____ Zip:__________

Please, identify which form of StepUp you will be using to pay for tuition:

____

What is your **StepUp Award ID?** *(private school enrollment, only)*

____

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