



# Financial Aid Registration Form

\_\_\_\_\_ SCHOOL YEAR

**ST. THERESA  
SCHOOL**

4850 Clarewood Drive, Oakland, CA 94618 | 510.547.3146 | www.sttheresaschool.org

## STUDENT AID SUPPLEMENTARY INFORMATION

**Parent, Guardian or Other Adult  
Responsible for tuition:**

Check all that apply:

Father  Mother  Guardian  Other

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Responsible for tuition:**

Check all that apply:

Father  Mother  Guardian  Other

<b>First Name</b>	_____	_____
<b>Last Name</b>	_____	_____
<b>Address</b>	_____	_____
<b>City, State, Zip</b>	_____	_____
<b>Email Address</b>	_____	_____
<b>Home Phone</b>	_____	_____
<b>Cell Phone</b>	_____	_____
<b>Occupation</b>	_____	_____
<b>Business Phone</b>	_____	_____
<b>Employer</b>	_____	_____
<b>How Long?</b>	_____	_____

**Status of Parent(s), Guardian or Other Adult:**

- Registered - Active and Participating St. Theresa Parishioner
- Registered - Catholic, Active and Participating at \_\_\_\_\_ Church
- Non-Catholic

**Current marital status/housing arrangement of parent/guardian:**

- Single  Married  Divorced  Widowed  Remarried  Separated  Other \_\_\_\_\_

*\*If tuition is shared, each responsible party must complete a Supplementary Information Form.*

**Work Status:**  Two Income  Single Income

**Children in other Catholic Schools:**  Yes  No

**Children in College:**  Yes  No

**Household Information:**

Number of individuals who will reside in your household during the current school year

Parents/Guardians \_\_\_\_\_ Children \_\_\_\_\_ Other \_\_\_\_\_ (Please explain): \_\_\_\_\_

**Dependents:** (Do not leave blank)

LAST NAME	FIRST NAME	AGE	GRADE	SCHOOL STUDENT TO ATTEND OR PLANS TO ATTEND	TUITION (ANNUAL)	ROOM & BOARD (COLLEGE)	APPLY FOR AID? YES / NO	AMOUNT WE CAN PAY TOWARD TUITION

**Unusual Circumstances:** (Please check as they apply)

- Loss of Job   
  Income reduction   
  Bankruptcy   
  High debt   
  Recent Separation/divorce  
 Shared custody   
  Child support reduction   
  College expenses   
  Medical/Dental expenses   
  Death in the family

**Additional Information:**

State briefly your reason for requesting this tuition assistance, and add any information that will be helpful in this evaluation. (Attach additional information as needed)

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**Divorced, Separated or Single Parents** (to be completed by parent or guardian listed in first section)

- Date of Separation (Month/Year) \_\_\_\_\_   
  Date of divorce (Month/Year) \_\_\_\_\_   
  Non Custodial parent

**Do you receive or pay child support?**

- Receive (per year) \$ \_\_\_\_\_   
  Pay (per year) \$ \_\_\_\_\_   
  Neither

**Who claimed student as a tax dependant in previous tax year?** \_\_\_\_\_ Tax Year: \_\_\_\_\_

**Who is responsible for dependent's tuition\*?** \_\_\_\_\_

**Name of Father/Guardian** \_\_\_\_\_ % of support \_\_\_\_\_

**Name of Mother/Guardian** \_\_\_\_\_ % of support \_\_\_\_\_

*\*If tuition is shared, each responsible party must complete a Supplementary Information Form and a copy of court document indicating financial responsibility.*

I/We declare that the information on this form is true, correct and complete to the best of my/our knowledge.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by the School:**

PSAS FORM SUBMITTED:  Yes  No