



Re-Registration Notice

FOR SCHOOL USE ONLY

2019 - 2020

PLEASE COMPLETE THIS FORM AND RETURN TO THE SCHOOL BY 2/1/19

FAMILY NAME: _____

ADDRESS: _____

E-MAIL ADDRESS OF PERSON MANAGING TUITION PAYMENTS:

Check here if this is a change

SECONDARY E-MAIL ADDRESS:

CURRENT PHONE NUMBER OF PARENTS OR GUARDIANS:

NAME _____ H: _____ C: _____
PHONE

NAME _____ H: _____ C: _____
PHONE

CATHOLIC - OR - NON CATHOLIC (CIRCLE ONE PLEASE)

NAME OF CHILD/CHILDREN AND GRADE IN 2019 -2020	<u>GRADE</u>	<u>"Y" IF NEW STUDENT</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____