

CURRENT FAMILY K-8 REGISTRATION FORM

_____ I will be sending my child(ren) to St. Cecilia School for the 2019-2020 school year.

_____ I will not be sending my child(ren) to St. Cecilia School for the 2019-2020 school year*.
(*Please complete the bottom section only)

_____ After school care is needed for my child(ren) (Registration in the Spring)

Parent Names: _____

Address: _____
Street City/State/Zip

Phone: _____ Email: _____

Student first/last name and grade for 2019/2020: (please circle if new to St. Cecilia)

Kindergarten: _____ Date of Birth (K only): _____

Grade 1: _____ Grade 2: _____

Grade 3: _____ Grade 4: _____

Grade 5: _____ Grade 6: _____

Grade 7: _____ Grade 8: _____

A \$100 per student non-refundable registration fee is due at the time of registration and will be applied to school fees.

***** Registration fee MUST be included with registration form. Forms without payment will NOT be accepted. Thank you. *****

Please provide the information below if your child is not returning to St. Cecilia for the 2019-2020 school year.

Name and grade of student(s) not returning:

Reason (please check one)

_____ **Promotion – High School Attending:** _____

_____ Other: _____

School attending: _____

Parent Signature _____ Date _____

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For Office Use Only:

Date Received: _____ Amount Paid: _____ Check #: _____