



2017-2018 RE-ENROLLMENT UPDATE • TK - 8

OFFICE USE ONLY
Registration Fee _____
Cash ___ Check # _____

FAMILY NAME _____

DATE ____ / ____ / ____

REGISTERED PARISH _____

- Yes, we are returning
- No, we are not returning • Reasons for leaving _____

Complete the fields below if any information has changed.

Parent / Guardian 1

Parent / Guardian 2

Home Address

Home Address

City, State, Zip

City, State, Zip

Best Number to Reach You

Best Number to Reach You

Email for Correspondence

Email for Correspondence

Occupation

Occupation

Work Address

Work Address

Work Phone Number

Work Phone Number

Student resides with:
(Please mark one)

- Both Parents**
- Mother Only**
- Father Only**
- Other** (Please Specify)

