

Please return the completed Re-registration packet along with the re-registration fee of \$75.00/per student. In the memo field of the check write the student's last name/grade. All forms and fees must be returned to the office by January 29, 2016.

Re-Registration Form 2016/2017

Family Name: _____

Parents' Names: _____

Address: _____

City/Zip: _____

Telephone: _____

Name of child/children re-registering in September 2016

Student 1: _____ **Grade:** _____

Student 2: _____ **Grade:** _____

Student 3: _____ **Grade:** _____

Student 4: _____ **Grade:** _____

In what Parish are you registered: _____

Please complete this line ONLY if your child/children will not be returning.

Reason for withdrawing: _____
