

ST. MARY MAGDALEN SCHOOL

RE-REGISTRATION FORM – GRADES 1 to 8

PLEASE RETURN THIS SECTION TO THE SCHOOL OFFICE BY FEBRUARY 22, 2011.

Family Name _____

Father's First Name _____

Mother's First Name & Maiden Name _____

Address _____ Phone _____

**FIRST NAME OF EACH CHILD
GRADES 1-8**

2011-2012 GRADE

_____ GRADE _____

_____ GRADE _____

_____ GRADE _____

_____ GRADE _____

_____ GRADE _____

_____ *will not be returning; he/she will be attending* _____ *School*
(Name)

DEPOSIT OF \$100.00 PER FAMILY IS REQUIRED WHEN RE-REGISTERING.

We have a child registered for Kindergarten for the academic year 2011-2012. Yes ___ No ___

We have a child registered for Pre-K Four for the academic year 2011-2012. Yes ___ No ___

PARENT'S SIGNATURE _____

FOR OFFICE USE ONLY

Payment Method: Cash _____ Check _____

Receipt Number _____

