

SAINT KATHERINE OF SIENA SCHOOL – 2017-18 SCHOOL YEAR RE-REGISTRATION

GRADES 2 – 8

PLEASE NOTE THE REGISTRATION FEE IS \$100 PER STUDENT

Please return this form and payment no later than March 10, 2017

FAMILY LAST NAME _____ FAMILY ID NUMBER _____

FAMILY ADDRESS _____ CITY _____ STATE _____ ZIP _____

FATHER'S FULL NAME _____ ADDRESS (if different from _____
Family address) _____

MOTHER'S FULL NAME _____ ADDRESS (if different from _____
Family address) _____

HOME TEL. # _____ FATHER'S CELL # _____ MOTHER'S CELL # _____
FATHER'S WORK # _____ MOTHER'S WORK # _____

**PLEASE LIST ANY CHILD/CHILDREN YOU ARE REGISTERING AT SKS FOR SEPTEMBER 2017
If you previously registered a child in the lower grades, fill in name and grade and mark already paid. Thank you.**

<u>FULL NAME</u>	<u>FULL NAME</u>	<u>FULL NAME</u>	<u>FULL NAME</u>
_____	_____	_____	_____
GRADE-2017-18 _____	GRADE-2017-18 _____	GRADE-2017-18 _____	GRADE-2017-18 _____
BIRTHDATE _____	BIRTHDATE _____	BIRTHDATE _____	BIRTHDATE _____
MALE OR FEMALE _____	MALE OR FEMALE _____	MALE OR FEMALE _____	MALE OR FEMALE _____
RELIGION _____	RELIGION _____	RELIGION _____	RELIGION _____
SKS PARISHIONER _____	SKS PARISHIONER _____	SKS PARISHIONER _____	SKS PARISHIONER _____
REGIS. FEE PAID \$ _____	REGIS. FEE PAID \$ _____	REGIS. FEE PAID \$ _____	REGIS. FEE PAID \$ _____
CHECK # _____	CHECK # _____	CHECK # _____	CHECK # _____
CASH _____	CASH _____	CASH _____	CASH _____

WE WILL PAY \$100 REGISTRATION PER STUDENT through the FACTS PROGRAM _____ OR by CASH or CHECK _____ (enclosed)

WE WILL PAY 2017-18 TUITION, LUNCH AND SCHOOL FEES THROUGH THE FACTS PROGRAM _____ OR IN FULL - CASH OR CHECK _____

