

Student Name _____ Grade 2017-2018 _____ Returning?

- Yes No
- Yes No
- Yes No
- Yes No

I am unsure if my child(ren) are returning for the 2017-2018 school year.

Please list any additional students to be registered below:

Student Name: _____ Grade Entering: _____

Parent Signature: _____ Date: _____

My signature above indicates my intent to register the student(s) as indicated above for the 2017-2018 school year.

Email: _____ Phone: _____

Catholic (Parish _____)

Non-Catholic

Discounted Rate

Discounted Rate

Registration Fee

if paid by 3/31

if paid by 1/27

Families with 1 or more students entering
grades Pre-K-8 only

\$350.00 /family

\$290.00 /family

\$260.00/family

Families with 1 or more students entering
grades 9-12 only

\$600.00/family

\$500.00/family

\$400.00/family

Families with BOTH a Pre-K-8 student
and a 9-12 student

\$600.00/family

\$500.00 /family

\$400.00/family

PLEASE NOTE REGISTRATION FEES ARE NON REFUNDABLE

If your child(ren) are not returning, please list name of student, school transferring to and reason for transfer.

Payment Options

Check

Credit Card: _____ Exp. _____

Cash

Name on Card _____ Billing Zip _____

Payment Option – A fee deposit of \$100.00 will hold your child’s priority enrollment until 3/31, at which time, the balance of your fee is due (at the 1/27 discounted rate). If the balance of the fee is not received by 3/31, your child’s priority enrollment and your discounted rate will not be guaranteed.

Please contact the Admissions Office at 410.238.1163 with any questions or concerns.