

**ST. FRANCIS DE SALES SCHOOL
RE-REGISTRATION FORM**

Please Print

Please Include:

\$125.00 per child student fee.
MINIMUM DEPOSIT OF \$60.00 per child
due with this form.

Family Name: _____

Address: _____

City, State, Zip: _____

Phone Number: () _____

Amount Paid: _____

Date: _____

Names of student(s) presently attending St. Francis de Sales who are re-registering
for the 2010-2011 school Year:

<u>Name</u>	<u>Grade now attending</u>	<u>* Name of Local Public School</u>
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_____ My child/children will not be returning to St. Francis for the 2010-2011 school year.

Reason: _____

New School

Family's new address

School Address

City, State, Zip

City, State, Zip

*** Name of school student would be going to in your city.**