RE-REGISTRATION FORM

$50.00 FEE PER INDIVIDUAL STUDENT

2010-2011

PLEASE PRINT

Student Name: _____
Last First Middle

Grade (2010-2011) _____ Social Security # (optional) _____

CUSTODIAL PARENT/GUARDIAN INFORMATION:

#1 Name: _____
First Middle Initial Last

#2 Name: _____
First Middle Initial Last

Address: _____
Street Apt. #

_____
City State Zip Home Phone

If Additional Mailing is necessary:

#3 Name: _____
First Middle Initial Last

ADDRESS: _____ _____
Street Apt. #

_____
City State Zip Home Phone

Please note that your child will not be enrolled for the 2010-2011 school year unless this form is returned by February 23, 2010. Mrs. Barnes will be scheduling classes as the forms are received. There is a $50.00 fee for each child in the family. Please make check payable to SCCHS and returned to Mrs. Taylor in the Development Office. A form is needed for each child!

Contact: **Mrs. Taylor at 587-7070 ext. 108 or taylor@saratogacatholic.org if you have any questions.**

SCC OFFICE USE ONLY: DATE FORM/FEE RECEIVED: _____