

Our Lady of La Salette School Registration Form 2010-2011

Parent/Guardian Information

Mother Father Guardian

Name: _____
 Street: _____
 City: _____
 State, Zip: _____
 Home phone: (_____) _____
 Cell phone: (_____) _____
 Email: _____
 Pager: (_____) _____
 Work phone: (_____) _____
 Employer: _____
 Address: _____
 Religion: _____
 Parish: _____

Mother Father Guardian

Name: _____
 Street: _____
 City: _____
 State, Zip: _____
 Home phone: (_____) _____
 Cell phone: (_____) _____
 Email: _____
 Pager: (_____) _____
 Work phone: (_____) _____
 Employer: _____
 Address: _____
 Religion: _____
 Parish: _____

Student Information Student(s) live(s) with: _____

Name	Grade	*First			
Name	Birth date	2010-2011	*Baptism	Eucharist	Confirmation

**Catholic students need certificate for sacrament if other than Our Lady of La Salette Parish*

Medical Information

Doctor: _____ Phone: _____
 Address: _____
 Allergies: _____
 Medical conditions: _____ Medications: _____

Payment Plan

FACTS Program (10 months starting June 2010)
 One Payment (May 15, 2010)
 Two Payments (May 15 & November 15, 2010)

With any plan and in all cases, all tuition and fees must be paid in full by March 31, 2011. No checks will be accepted for tuition and fees for the 2010-2011 school year after March 31, 2011. In the event of a withdrawal from the school, tuition will be pro-rated and refunded only for the quarters unattended. Refunds will be processed after all school property (textbooks, etc.) has been returned. Report cards and progress reports will be withheld for accounts that are not paid in full, including all tuition, registration, supervision, graduation, fundraising and latchkey fees.

I agree to pay tuition and fees: _____
Signature Date