

Office Use Only
Cash _____ Check# _____

2008/2009
SCHOOL YEAR

\$125.00 REGISTRATION FEE PER CHILD

MARY, QUEEN OF HEAVEN
IN SCHOOL REGISTRATION PRE-SCHOOL - 8

Parents Name: _____

Address: _____

Street

City

State

Zip

County

E-mail _____

All Phone Numbers: _____

STUDENT'S NAME:

GRADE IN 08/09

Pre School 4yr old
AM or PM

STUDENTS NOT RETURNING FOR THE 2008/2009 SCHOOL YEAR

Name: _____ Grade _____

Reason Not Returning: _____

School Attending: _____

PARENT/GUARDIAN SIGNATURE _____

