

**NOTRE DAME REGIONAL SCHOOL
RE-REGISTRATION FOR 2011/12**

Family Name _____ Home Phone _____

Address _____

City _____ State _____ Zip _____

Full Name:

Father _____ Mother _____ Custodial Parent _____

Father's E-Mail _____ Mother's E-Mail _____

11/12

Child's Name _____ Grade _____ Date of Birth _____

Child's Name _____ Grade _____ Date of Birth _____

Child's Name _____ Grade _____ Date of Birth _____

If PRE-K Please list Days Attending: M___ T___ W___ Th ___ F___ (1 st child)	<u>Pre-K Campus Preference - Please Circle</u>		
	Newfield	or	Landisville
If PRE-K Please list Days Attending: M___ T___ W___ Th ___ F___ (2 nd child)	Newfield	or	Landisville

Method of Transportation () car () bus Public School District _____

Municipality where taxes are paid

Parish You Are Registered In & Attend Regularly _____

Family Status: __ Married __ Divorced __ Separated __ Spouse Deceased __ Single Parent __

Student's Ethnicity & Religion:
(Please check appropriate boxes)

	Catholic	Non-Catholic
American Indian-Native Alaskan		
Asian		
Black		
Hispanic		
Native Hawaiian-Pacific Islander		
White		
Multi-Racial		

Are there any custodial concerns of which the school should be aware? _____

Please provide office with legal documentation regarding custody each year

****For Office Use Only - Please Do Not Fill In****

Re-Registration Fee (\$100.00 Per Child) Amount \$ _____ Ck. # _____ Cash _____ Date _____ Copy to Adv. Dir. _____

My child/children will not be returning to Notre Dame Regional School in September, 2011.

Family Name _____

Address _____

Present Grade

Child's Name _____

Child's Name _____

Child's Name _____

Child is transferring to (Name of School) _____

Address _____

Reason for Transfer _____

Parent's Signature _____ Date _____