

Bishop Schad Regional School
RE-REGISTRATION FORM
2009-2010

PLEASE RETURN FORM WITH A \$100.00 RE-REGISTRATION FEE PER STUDENT BY FEBRUARY 5, 2010

Family Name _____
Address _____
City _____ Zip _____ Phone _____
Children's Names _____ Grade for Next Year _____

Father's Work _____ Phone _____
Mother's Work _____ Phone _____
Parish _____

Family Status: _____ Married _____ Single _____ Separated
_____ Divorced _____ Remarried, Name _____

Custodial Parent _____
Guardian: Name _____
Address _____
Phone _____ Parish or Religion _____
Place of Employment _____ Phone _____

My child(ren) will not be returning to Bishop Schad Regional School in September 2009.

Family Name _____
Address _____
Child's Name _____ Present Grade _____
Child's Name _____ Present Grade _____
Child's Name _____ Present Grade _____

We would appreciate your reason for not registering for the coming year. Thank you.

Parent's /Guardian's Signature