

**Saint Aloysius School**

**935 Bennetts Mills Road**

**Jackson, NJ 08527**

**RE-REGISTRATION FORM – 2011-2012**

Student Name:                      Last    First    Grade Sept. 2011

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

WILL be returning for 2011-2012                       WILL NOT be returning for 2011-2012

PLEASE STATE REASON IF NOT RETURNING:

\_\_\_\_\_

\_\_\_\_\_

**DUE TO NEW STATE MANDATORY REQUIREMENTS ANY STUDENT ENTERING THE 6<sup>TH</sup> GRADE IN SEPTEMBER 2011 IS REQUIRED TO HAVE THE FOLLOWING VACCINES:**

**Tdap (Booster dose)                      Meningococcal vaccine**

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**Please enclose non-refundable registration fee for the school year 2011-2012.  
\$75.00 one child - \$150 two children - \$200 three or more children**

Registration Fee Enclosed: \_\_\_\_\_ Please do not send cash.

\*Tuition information will automatically be rolled over for the 2011-2012 school year.

Please notify office if any information has changed.

Please check one:

St. Aloysius Parishioner \_\_\_\_\_ St. Monica Parishioner \_\_\_\_\_ Non-parishioner \_\_\_\_\_

**Will a NEW sibling be applying for September 2011? Yes \_\_\_ No \_\_\_ What grade: \_\_\_\_\_**

If yes, a registration form will be sent to you from the office. No need to come in during registration week.

\_\_\_\_\_  
Parent/Guardian Signature

For School Use Only

Check #:	_____
Amt. Paid:	_____
Check Date:	_____
P _____	NP _____