

Saint Aloysius School
935 Bennetts Mills Road
Jackson, NJ 08527

RE-REGISTRATION FORM – 2011-2012

Student Name: Last First Grade Sept. 2011

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

PLEASE STATE REASON IF NOT RETURNING:

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 _____ |