

# Sacred Heart Catholic School

## Return Registration Form

PLEASE RETURN THIS FORM WHETHER YOU CHECK YES OR NO.

\_\_\_\_\_ **Yes**, my child/children will be returning to Sacred Heart School for the 2009 - 2010 school year.

\_\_\_\_\_ **No**, my child/children will not be returning to Sacred Heart School.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent/Guardian Last Name

\_\_\_\_\_  
First Names

\_\_\_\_\_  
Address

( ) \_\_\_\_\_  
Home Telephone

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
E-Mail Address

Student Names

2009 - 2010 Grade Level

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

4. \_\_\_\_\_

\_\_\_\_\_

*This form must be returned with \$ 150.00 registration fee per student by Friday, February 20, 2009 to ensure your child's place for the 2009 – 2010 school year.*

*If you have a child entering Pre-K or Kindergarten, please list them on this form also.*