



OUR LADY OF GRACE SCHOOL

2016/2017 Re-enrollment Form

Returning to Grade: _____

Part 1 Student Information *(Please print)*

Student's name: _____
Last *First* *Middle*

Date of Birth: _____ Gender: Male Female

Address: _____
Street/Apt. # *City, State, Zip Code*

Home Phone Number: _____

Primary/Home E-mail: _____

Part 2 Family

Father's Name: _____

Father's Employer: _____ Work phone number: _____

Mother's Name: _____

Mother's Employer: _____ Work phone number: _____

Household: Parents married Single parent Parent deceased Other _____

With whom does the student live? _____

If applicant is NOT living with both parents, to whom and at which address should mail be sent:

Name: _____ Relationship to student: _____

Address: _____
Street/Apt. # *City, State, Zip Code*

Part 3 Alert Now/Emergency Notification Contact Data

Mother's cell number: _____ Mother's e-mail: _____

Father's cell number: _____ Father's e-mail: _____

I submit this Re-enrollment Form to Our Lady of Grace School on behalf of my child for the 2016/2017 school year. I acknowledge the re-enrollment fee is nonrefundable and due by March 1, 2016.

- *Re-enrollment Fee: Kindergarten – Grade 8 = \$750.00*
- *Re-enrollment Fee: Preschool 3 & 4 = \$750.00*

Parent/Guardian Signature

Date

Office Use Only

Re-registration Form & Fee Received

Date: _____ Amount: \$ _____ Check #: _____

FACTS Account Opened/Payment Plan Selected