



SCHOOL RE-REGISTRATION FORM

ST. MICHAEL'S SCHOOL – CRANFORD, NJ

Re-registration for the 2009 — 2010 Academic Year

Amount enclosed: \$ _____ Check # _____ Cash Charge

Please print or type all information:

Parent/Guardian Information:

Person to be billed (if different):

Name

Address

City, State Zip
()

Home phone
()

Work phone

Email address

Name

Address

City, State Zip
()

Home phone
()

Work phone

Email address

Student Name:

Grade level:

Pre-K3 / Pre-4 (Select one)

1. _____

2. _____

3. _____

4. _____

A.M. Full Day

A.M. Full Day

A.M. Full Day

A.M. Full Day

Select the tuition rate that applies (use checkbox):

Parish Rate This rate applies if at the time I register my child(ren) at St. Michael's, I am a registered parishioner of St. Michael's Parish." To be eligible for this rate, I must contribute a minimum of \$500 through **regular** and **active** use of the church envelope system during the year ending December 31, the year prior to the entering students Fall academic term and continuing thereafter.

Envelope number: _____

Parish Rate (Neighboring parish) This rate applies if at the time I register my child(ren) at St. Michael's School, I am a registered parishioner of a neighboring parish that does not have a school. To be eligible for this rate, I must provide a letter from the pastor of the named parish acknowledging willingness to pay the tuition subsidy, that is, the difference between the parish rate and the non-parish rate.

Name of parish: _____ **City:** _____

Non-Parish Rate This rate applies if I am not a St Michael's parishioner or if I am a parishioner and choose to pay the non-parish rate.

Our family will not be returning for the 2009-2010 academic year.

Select one:

I (We), the undersigned, have read the accompanying papers as they relate to the registration of my (our) child(ren) at St. Michael's School. It is understood that I (we) accept all financial obligations which result from my (our) child(ren) attending St. Michael's School, including a family fundraising commitment of \$400. Failure to do so will result in my (our) child(ren) being dismissed from the school.

Signature of parent(s) or guardian(s)

Date