

HOLY ROSARY SCHOOL
Registration 2018-2019
Returning Student

(Sent out on 4-Dec-2017)

Student's Name: _____
Home Room: _____
Father's Name: _____
Mother's Name: _____

Registration for the 2018-2019 school year must be complete no later than Friday, February 9, 2018.

Complete section A or B below and return to the school office. One form per student please.

A. I **WILL NOT ENROLL** my student for the 2018-2019 school year.

_____	_____
Parent Signature	Date

B. I **WILL ENROLL** my student for the 2018-2019 school year.

_____	_____																
Parent Signature	Date																
<p>1. I have read and understand the Holy Rosary School Registration Policy below and support its content.</p> <p>Registration is not automatic. Students must show by their attitude, effort, and conduct that they are proud to be and want to continue to be a part of Holy Rosary School. Failure to support the philosophy, mission statement, objectives, and policies of the school is sufficient reason for denial of registration.</p> <p>The school reserves the right to deny re-admission to any family delinquent in tuition payments, assessment payments, extended care payments, late fees, service session assessments, library fines, damaged/lost book fines, field trip fees, class fees, etc.</p> <p>The Registration Fee is non-refundable. Registration is not complete if this payment is not made. Registration must be paid to hold your enrollment for the 2018-2019 school year. Contracts for the 2018-2019 school year may not be processed if Registration is not complete.</p>																	
<p>2. I understand the Registration Fee must be paid to hold enrollment for the 2018-2019 school year. I have selected one of the payment options below:</p> <p>\$225.00 Payment by Cash (attach to this form): Cash Receipt # _____</p> <p>\$225.00 Payment by Check (attach to this form): Check # _____</p> <p>\$240.00 Payment by Debit or Credit Card (complete the information below):</p> <p>(Circle one) Visa MasterCard Discover American Express</p> <table><tr><td>_____</td><td>_____</td></tr><tr><td>Card Number</td><td>Expiration Date</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>Name of Cardholder</td><td>Signature of Cardholder</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>Billing Address</td><td>Billing Zip Code</td></tr><tr><td></td><td>_____</td></tr><tr><td></td><td>3-digit CSC Code</td></tr></table>		_____	_____	Card Number	Expiration Date	_____	_____	Name of Cardholder	Signature of Cardholder	_____	_____	Billing Address	Billing Zip Code		_____		3-digit CSC Code
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