



St. Mary's Visitation School Re-enrollment Form 2008-2009

Family Last Name: _____
(please print)

K4 Enrollment:

Name: _____ Gr.: _____ Full Time: _____ Part Time: _____ *

Name: _____ Gr.: _____ Full Time: _____ Part Time: _____ *

* Full Time: 7:45AM – 2:45PM

* Part Time: 7:45 AM – 10:45 AM

K5 Enrollment:

Name: _____ Gr.: _____ Full Time: _____ Part Time: _____

* Full time: 7:45AM – 2:45PM

*Part time 7:45AM – 11:45PM

Grades 1 through 8 Enrollment:

Name: _____ Gr.: _____ Name: _____ Gr.: _____

Name: _____ Gr.: _____ Name: _____ Gr.: _____

Name: _____ Gr.: _____ Name: _____ Gr.: _____

Please enclose the registration fee of \$100 per child and send to the office by Monday, January 22, 2007. Checks should be made payable to St. Mary's Visitation Parish School.

Please indicate below if your child/children will not be returning to St. Mary's School for the 2007 – 2008 School Year. If your child is graduating, please do not list your child's name.

Name: _____ Gr.: _____ Name: _____ Gr.: _____

Name: _____ Gr.: _____ Name: _____ Gr.: _____

For office use only: Check number _____ Amount: \$ _____ Date: _____