

HOLY GHOST CONSOLIDATED SCHOOL

2010-2011 CURRENT FAMILY REGISTRATION FOR KINDERGARTEN – GRADE 8

Family Name: _____

Father: _____

Mother: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Daytime Phone: _____

Child's Name:

2010-2011 Grade:

I/We realize this registration implies my/our intent to comply with all of the following:

1. The understanding of and the commitment to meet the required financial support.
2. Volunteer in parish and school activities according to my/our abilities.
3. Provide full cooperation with the school staff.
4. Agreement with the Rules and Regulations of the School per the family handbook.
5. Contributing to the \$250 fundraising requirement per family.
6. Participation in Holy Ghost Parish Generations of Faith Program.

Parent/Guardian Signature

Date

Registration Fee: \$260.00 per student Nonrefundable

Registration fee may be paid in 2 installments if necessary,
with the first payment paid at the time of registration and the second payment due by May 21, 2010.

FOR OFFICE USE ONLY:

REGISTRATION AMOUNT RECEIVED _____ CASH _____ CHECK# _____ DATE _____

TUITION SCHEDULE: ___PARISHIONER ___NON-PARISHIONER ___NON-CATHOLIC