

HOLY GHOST SCHOOL
2011-12 NEW FAMILY REGISTRATION FOR KINDERGARTEN – GRADE 8

Family Name: _____

Father: _____

Mother: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Daytime Phone: _____

Email Address: _____

Are you a registered member of Holy Ghost Parish? Yes _____ No _____

Child's Name:

2011-2012 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 in the \$250 fundraising requirement per family.

Parent/Guardian Signature

Date

Registration Fee: \$260.00 per student Nonrefundable

Make checks payable to Holy Ghost Parish.

FOR OFFICE USE ONLY:
REGISTRATION AMOUNT RECEIVED _____ CASH _____ CHECK# _____ DATE _____

TUITION SCHEDULE: _____ PARISHIONER _____ NON-PARISHIONER _____ NON-CATHOLIC