

SAINT KATHERINE OF SIENA SCHOOL
2019-20 SCHOOL YEAR

RE-REGISTRATION FORM (for Returning SKS students)
PLEASE NOTE THE REGISTRATION FEE IS \$100 PER STUDENT due now.

FAMILY LAST NAME _____ FAMILY ID NUMBER _____

FAMILY ADDRESS _____ CITY _____ STATE _____ ZIP _____

FATHER'S FULL NAME _____ ADDRESS (if different from _____
Father's Cell # _____ Family address) _____

MOTHER'S FULL NAME _____ ADDRESS (if different from _____
Mother's Cell # _____ Family address) _____

FULL NAME

FULL NAME

FULL NAME

FULL NAME

GRADE-2019-20 _____ GRADE-2019-20 _____ GRADE-2019-20 _____ GRADE-2019-20 _____

MALE OR FEMALE _____ MALE OR FEMALE _____ MALE OR FEMALE _____ MALE OR FEMALE _____

RELIGION _____ RELIGION _____ RELIGION _____ RELIGION _____

Our family will pay the 2019-20 tuition and other fees either 1) through the FACTS program _____ OR
2) in full by June 14, 2019 _____

We have applied for financial aid - Children's Scholarship Fund _____ BLOCS _____

FOR OFFICE USE:

Registration Fee _____ Registration Fee _____ Registration Fee _____ Registration Fee _____
Check # or cash _____ Check # or cash _____ Check # or cash _____ Check # or cash _____
Debit FACTS _____ Debit FACTS _____ Debit FACTS _____ Debit FACTS _____

TUITION _____ LUNCH FEE _____ SCHOOL FEE _____ FUNDRAISING FEE _____

TOTAL _____

