



South Boston Catholic Academy

Faith, Family Spirit, Academic Excellence

Student Re-enrollment Form 2012-2013

Please indicate your intentions for the 2012-2013 school year and return this form and registration fee by **March 15, 2012** to officially re-enroll your child in South Boston Catholic Academy.

STUDENT INFORMATION

Parent/Guardian Legal Name(s): _____

Student Address: _____

Street

City

State

Zip

Home Phone: _____ Cell Phone: _____

Parent/Guardian Email: _____ (print clearly)

Student Name(s):

1. _____ Grade 12-13: _____ Returning: [] Yes [] No

2. _____ Grade 12-13: _____ Returning: [] Yes [] No

3. _____ Grade 12-13: _____ Returning: [] Yes [] No

If you have a **new** family member that plans to attend South Boston Catholic Academy in 2012-2013 please list their name below and complete a *New Student application. Siblings will receive priority.

Name(s): 1. _____ Grade '12-'13: _____

***Download application from school website or contact the school office for an application**

REGISTRATION FEE

\$100.00 non-refundable registration fee (per child) , \$200.00 family maximum with this form.

This fee will reserve a seat for your child for the 2012-2013 school year.

For Office Use Only:

Paid: _____ Date: _____ Check #: _____ Cash: _____ Received by: _____

Please complete tuition selection sheet