



St. Michael School Re-registration

Family Name _____

Address _____
Street City Zip Code

Phone Number with area code _____

| Name of child/children | Grade for 2009-2010 |
|------------------------|---------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Please indicate next to your child's name if he/she is not returning in September.

For Office Use Only

| | | | |
|--------------|--------------|-----------|-----------|
| Fee Received | _____ | _____ | _____ |
| | Date | Amount | Check No. |
| | _____ | _____ | _____ |
| | Date | Amount | Check No. |
| | _____ | _____ | _____ |
| | Registration | Cafeteria | PTO |