

**SACRED HEART SCHOOL
2009-2010**

Re-Registering _____

New Family _____

Father's Name: _____
Father's Address: _____
City & Zip Code: _____
Home Phone #: _____
Work Phone #: _____
Cell Phone #: _____
Email: _____

Mother's Name: _____
Mother's Address: _____
City & Zip Code: _____
Home Phone #: _____
Work Phone #: _____
Cell Phone #: _____
Email: _____

Student's Name(s):

1. _____
2. _____
3. _____
4. _____
5. _____

Grade(s) in August 2009:

1. _____
2. _____
3. _____
4. _____
5. _____

K – 8th Grade Tuition Rates

- 1-child - \$3362.00 (10 payments of \$336.20)
2-children - \$5171.00 (10 payments of \$517.10)
3-or more children - \$6075.00 (10 payments of \$607.50)

Preschool Tuition Rates (3 & 4 Year Olds)

- 5 Day Program - \$4000.00 (10 payments of \$400.00)
3 Day Program - \$2650.00 (10 payments of \$265.00)

Important Forms Needed

- *Medical & Dental Forms are required for **ALL** new students.
- *Dental forms are required for **ALL** 2nd Graders.
- *Dental & Medical forms are required for **ALL** 6th Graders.
- *NO STUDENT WILL BE ALLOWED TO ATTEND CLASSES UNTIL REQUIRED MEDICAL, DENTAL & EYE EXAM FORMS ARE IN THE OFFICE.**

FEES

- *Registration Fee: \$75 per family (non-refundable)
- *Book Bill Fee: \$250 per child before April 30th
\$300 per child after April 30th
- *Technology Fee: \$40 per child (PS4 – 8th Grades)

**Checks made payable to:
Sacred Heart School**

- *Medical & Eye Exam Forms are required for **ALL** Kindergarten Students

Voluntary Acknowledgement & Agreement:

As Parent/Guardian, I do acknowledge and understand all requirements of me and of this registration and guarantee such performance in full.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY:

Registration Fee: \$75.00 (per family)	Paid: \$ _____	Date: _____	Cash or Check #: _____
Book/Supply Fee: \$250.00 / \$300.00 (per child)	Paid/Owes: \$ _____	Date: _____	Cash or Check #: _____
Technology Fee: \$40.00 (PS4-8 th Grade) (per child)	Paid/Owes: \$ _____	Date: _____	Cash or Check #: _____

