

SAINT ELIZABETH PARISH SCHOOL
120 Saint Elizabeth Drive · P.O. Box 780, Uwchlan, PA 19480-0780
Tel: 610-646-6540 · Fax: 610-646-6541

RE-REGISTRATION FORM FOR 2018 - 2019 SCHOOL YEAR
PLEASE RETURN FORM EVEN IF YOU ARE NOT RETURNING
THIS FORM IS DUE BACK THURSDAY, JANUARY 25, 2018

****This is for current students only, new students must apply separately.**

Family Name: _____

Returning Student's Name:

Grade for 2018-2019 School Year:

_____ **Yes, we shall be returning to St. Elizabeth for the school year 2018-2019.**

_____ **No, we shall not be returning to St. Elizabeth for the school year 2018-2019, but will be attending:** _____.

Reason: _____ **Moving** _____ **Other Reason (please indicate reason below):**

Please submit this form in a sealed envelope to the school office (ATTENTION: Mrs. Oulton) along with the re-registration fee of \$300 for the first child and \$50 for each additional child.

Parent Signature:

Please contact the school office for new sibling application packets.
(Deadline for new sibling application is 1-25-18)

Please indicate if you would like to be a Mentoring Family for a new family next year: YES _____ NO _____