



For Office Use Amount: _____ Date: _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check

ENROLLMENT FORM FOR NEW FAMILIES 2020-2021 SCHOOL YEAR

\$375 Per Family (Fee is Non-refundable)

FORM AND NON-REFUNDABLE PAYMENT MUST BE SUBMITTED TOGETHER TO HOLD A SPOT!

****PLEASE PRINT****

STUDENT 1: _____ GRADE IN 2020-21: _____ DOB _____

STUDENT 2: _____ GRADE IN 2020-21: _____ DOB _____

STUDENT 3: _____ GRADE IN 2020-21: _____ DOB _____

STUDENT 4: _____ GRADE IN 2020-21: _____ DOB _____

PARENT'S FULL NAME(S): _____

EMAIL: _____

MAILING ADDRESS: _____

PHONE NUMBER: _____

Are you a registered parishioner of Blessed Sacrament Catholic Church? _____

Parent signature: _____ Date: _____

PLEASE STAPLE PAYMENT TO FORM AND RETURN TO MRS. ENGEL-ADMISSIONS OFFICE