

OUR LADY OF LOURDES CATHOLIC SCHOOL

SCHOOL FAMILY RE-REGISTRATION

**2019-20 SCHOOL YEAR
Grades 1-8**

Family Name: _____

****Registered Parish:** _____

My child/children will be returning to Our Lady of Lourdes School:

Names: _____ **Grade:(2019-20)** _____

_____	_____
_____	_____
_____	_____

* * * * *

My child/children will NOT be returning for the 2019-20 school year:

Reason not returning: _____

* * * * *

Parent Signature: _____ **Date:** _____

Registration fee per family: \$150.00

* * * * *

This section to be completed by school office:

Registration deposit paid: \$ _____ **Date:** _____