



Notre Dame Academy

RE- REGISTRATION

2017-2018 School Year

FAMILY NAME _____ PARENTS _____

PHONE NUMBER: _____

PLEASE LIST ANY CHANGES TO ADDRESS, EMAIL, PHONE: ____ CHECK MARK IF THERE ARE NO CHANGES

STUDENT NAME _____ GRADE FOR THE **2017-2018** SCHOOL YEAR _____

Registration Fee per family:

| | |
|--------------------------------|---------|
| Paid by March 31 st | \$25.00 |
| Paid April 1st – April 30th | \$50.00 |
| Paid after April 30th | \$75.00 |

For office use:

Registration fee: Amount paid _____ payment method _____