



# Notre Dame Academy

## RE- REGISTRATION

2018-2019 School Year

FAMILY NAME \_\_\_\_\_ PARENTS \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST STUDENT NAME(S) \_\_\_\_\_ GRADES FOR THE 2018-2019 SCHOOL YEAR

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Registration Fee per family:**

<b>Paid by April 6<sup>th</sup></b>	<b>\$45.00</b>
<b>Paid April 7<sup>th</sup> – May 4<sup>th</sup></b>	<b>\$75.00</b>
<b>Paid after May 4<sup>th</sup></b>	<b>\$95.00</b>

*For office use:*

Registration fee: Amount paid \_\_\_\_\_ payment method \_\_\_\_\_