



Student's Last Name _____

Form A

2016-2017
RETURNING STUDENT REGISTRATION FORM

(Please print all information)

**PARENT/
GUARDIAN NAME:** (Last) _____ (First) _____

Address _____ City _____ State _____ Zip Code _____

Home Phone _____ Work Phone _____ Cell Phone _____

Check this box if the above information is new.

If you are planning to have your child(ren) return to Kearns-Saint Ann next year, please complete and return this form to the school office with your \$100 per child fee. This is a non-refundable fee, that will save your child(ren)'s place for the 2016-2017 school year. If the registration fee is not paid by February 26 there will be an additional \$25 fee.

All other school fees will be due on Tuesday, April 26, on Registration Day.
The Tuition and Fee sheet is enclosed.

STUDENT(S) NAME: (please print)

Name: (Last) _____ (First) _____ Grade in 2016-17 _____

Name: (Last) _____ (First) _____ Grade in 2016-17 _____

Name: (Last) _____ (First) _____ Grade in 2016-17 _____

Name: (Last) _____ (First) _____ Grade in 2016-17 _____

Name: (Last) _____ (First) _____ Grade in 2016-17 _____

My Child(ren) will NOT be returning to Kearns-Saint Ann School for the 2016-2017 school year.

They will be attending _____

<p><u>Office Only</u></p> <p>Date: _____ Paid: _____ Ck #/Cash: _____ Amount Due: _____</p>
