

KCHS TACHS CLASS REGISTRATION FORM

STUDENT'S NAME _____

ADDRESS _____

HOME/CELL PHONE _____

EMERGENCY CONTACT NAME AND PHONE

GRAMMAR SCHOOL _____

PLEASE MAIL THE REGISTRATION FORM WITH A CHECK MADE OUT TO KCHS BY SEPTEMBER 28.

MAIL TO: KENNEDY CATHOLIC HIGH SCHOOL

54 ROUTE 138

SOMERS, NY 10589

ATTN: MRS. BLACK/TACHS

ANY QUESTIONS CAN BE DIRECTED TO sblack@kennedycatholic.org