

ST. LA SALLE SCHOOL

REGISTRATION FORM

2020-2021

Phone: 559-638-2621

Fax: 559-637-1446

NAME _____

PRESENT GRADE _____

NAME OF PARENT _____

_____ WILL be returning next school year

_____ Will NOT be returning next school year

will attend: _____

SIGNED: _____

Total registration fee is \$170.00 PER STUDENT. \$50.00 DEPOSIT* is to be paid when you return each form. Please return this form by April 15th.

We will start to accept new students after that date.

**Registration fees and deposits are non-refundable

Paid by:

Check # _____ Amount Paid _____ (\$50.00)

Cash \$ _____ (\$120.00)

Date: _____ (\$170.00)

Rec. by: _____

**** One Form Per Child Please****