



**Saint Katharine Drexel Regional Catholic School**  
*Embracing Leadership, Love, & Legacy*

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**REGISTRATION FORM: 2017-2018 SCHOOL YEAR**

To reserve a seat for your child, please fully complete the information below and return this completed form with your \$100 registration fee.

**FAMILY NAME:** \_\_\_\_\_

*CHILD NAME:* \_\_\_\_\_ *DOB:* \_\_\_\_\_ *GRADE 2017-2018:* \_\_\_\_\_

*CHILD NAME:* \_\_\_\_\_ *DOB:* \_\_\_\_\_ *GRADE 2017-2018:* \_\_\_\_\_

*CHILD NAME:* \_\_\_\_\_ *DOB:* \_\_\_\_\_ *GRADE 2017-2018:* \_\_\_\_\_

*CHILD NAME:* \_\_\_\_\_ *DOB:* \_\_\_\_\_ *GRADE 2017-2018:* \_\_\_\_\_

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**Father's Name:** \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **EMAIL:** \_\_\_\_\_

**Religion:** \_\_\_\_\_ **Parish:** \_\_\_\_\_

**School District:** \_\_\_\_\_

**Current School:** \_\_\_\_\_

**Payment enclosed (please circle one):    CASH    CHECK    MONEY ORDER**

**PLEASE NOTE:** You will receive the complete student application packet along with specific tuition rates in February.