



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

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:* _____

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.