



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

REGISTRATION FORM: 2018-2019 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 2018-2019:* _____

CHILD NAME: _____ *DOB:* _____ *GRADE 2018-2019:* _____

CHILD NAME: _____ *DOB:* _____ *GRADE 2018-2019:* _____

CHILD NAME: _____ *DOB:* _____ *GRADE 2018-2019:* _____

Please indicate **FULL DAY** or **HALF DAY** (Pre-K & K ONLY): _____

Father's Name: _____

Mother's Name: _____

Mailing Address: _____

Phone: _____ **EMAIL:** _____

Religion: _____ **Parish:** _____

School District: _____

Will you be requesting busing? (K & up only): _____

Current School: _____

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

Please note: The Registration fee is per family NOT per student. Thank you!