



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

IMPORTANT RE-REGISTRATION INFORMATION

October 13, 2016

Dear Parents,

As you know in our work with the Healey Foundation, one of our primary goals is to sustain and/or increase our enrollment. Before doing this, we want to ensure that we have a space reserved for your child. An earlier current family enrollment date will also ensure that we have time to budget and allocate resources for current and new families in the 2017-2018 school year along with keeping our tuition rates reasonable.

The enrollment dates and fees are listed below and on the reverse side of this letter is the re-registration form for you to complete. This information may also be found on our school website. Please do not hesitate to contact Lisa James or myself if you should have any questions about the registration procedures or dates.

As always, we appreciate your commitment to Catholic education and thank you for all you do to help Saint Katharine Drexel Catholic School achieve its mission.

God's B lessings,

Mrs. Barbara Zanaras
Interim Principal

Registration Schedule and Fees for 2017-2018 School Year

- **Register Before Thanksgiving** (November 24, 2016) – Only **\$50** per family AND your family will be entered in a drawing to win VIP seats for Carol Night and the Passion Play! ***Please know that OPEN ENROLLMENT starts after Thanksgiving. This means that your child's seat could be taken by a new student. We do not save seats after Thanksgiving if you haven't re-registered.**
- **Register between Thanksgiving and Christmas** –\$75 per family
- **Register after Christmas** - \$100 per family

St. Katharine Drexel Regional Catholic School forms Catholic leaders through academic excellence, personal discipline, and Christian service.



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RE-REGISTRATION FORM: 2017-2018 SCHOOL YEAR

FAMILY NAME: _____

PLEASE CHECK YOUR INTENT FOR THE 2017-2018 SCHOOL YEAR:

____ **YES**, I would like to re-enroll my child(ren) at SKD School for the 2017-2018 School Year.

NAME OF STUDENT: _____ *GRADE 2017-2018:* _____

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____ I would like to **ADD a new sibling** to SKD School for the 2017-2018 School Year. (This includes our 3 & 4 year old Pre-Kindergarten program.)

CHILD NAME: _____ *DOB:* _____ *GRADE 2017-2018:* _____

CHILD NAME: _____ *DOB:* _____ *GRADE 2017-2018:* _____

____ **NO**, my child(ren) will not return to SKD School for the 2017-2018 School Year.

SCHOOL PLANNING TO ATTEND: _____

REASON FOR DEPARTURE: _____

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