Our Lady of Mount Carmel School Re-Registration Form 2018-2019

STUDENT NAME	GRADE 201	8-2019	RETUR	RETURNING	
-			YES	NO	
-			YES	NO	
-			YES	NO	
Check if you are unsure if	your child(ren) are returning for the	2018-2019 school year.			
Additional Students					
Please list any additional student	s to be registered below if applicable	2.			
Student Name		Grade Entering			
Parent Signature My signature above indicates my	intent to register the student(s) as in	Date	school year.		
Email Address		Phone			
Registration Fee for 2018-2019 s registration fees are nonrefundab	school year is <u>\$290.00</u> per family for ble.	Kindergarten through grade 12. P	lease note all		
If your child(ren) are not returning which they are transferring to, ar	ng to Our Lady of Mount Carmel So nd any reasons for transfer.	chool, please list the name of the s	tudent, the school	lin	
Payment Options					
Check	Credit Card	E	xp		
Cash	Name on Card	I	Silling Zip		

Please contact the Admissions Office at 410.238.1172 with any questions or concerns