



**SACRED HEART SCHOOL**  
**RE-ENROLLMENT FORM 2019-2020**  
**Deadline: January 25, 2019**  
 Re-Enrollment Fee: \$90 per student  
*After 1/25/19: Re-Enrollment Fee \$115 per student*

\_\_\_\_\_ The following student(s) **will not** be returning to SHS for the 2019-2020 school year.

\_\_\_\_\_ I/We request that SHS register the following student(s) for the 2019-2020 school year.

Student Name \_\_\_\_\_ Entering Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Entering Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Entering Grade \_\_\_\_\_

Student Name \_\_\_\_\_ Entering Grade \_\_\_\_\_

Father/Parent/Guardian: \_\_\_\_\_

Mother/Parent/Guardian: \_\_\_\_\_

**Re-Enrollment Fee:**

Re-Enrollment Fee:	Number of Children:	Total Enclosed:
\$90 (by 1/25/19)	_____	\$ _____
\$115 (after 1/25/19)	_____	\$ _____

**Please Note:** Re-Enrollment fees are non-refundable and are not applied toward tuition.

To pay by credit card: # \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3 digit code# \_\_\_\_\_

**Parish Information:**

We are active members of: \_\_\_\_\_  
 This information will be used to verify qualification for the *Supported Rate Tuition*.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR OFFICE USE ONLY:**  
 Amount \$ \_\_\_\_\_ Date \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_