



5900 Buckwheat Road, Milford OH 45150 (513) 575-0093 - Office (513) 575-1078 - Fax

RETURNING STUDENT REGISTRATION

2010 - 2011

PLEASE CHECK BOX IF STUDENT IS NOT RETURNING

(PLEASE PRINT – Custodial parent must complete this form.)

Family Name: _____ Parish Name: _____

(Respective parish office will determine participating status)

Mother's First Name: _____ Mother's Last Name: _____

Father's First Name: _____ Father's Last Name: _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Mother's Cell _____ Father's Cell _____

Please check if any of the above information has recently changed.

List Registering Students from Oldest to Youngest

Entering Grade	Last Name	First Name

Total number of students registering _____ x \$125.00 _____ (Maximum \$300.00 per family)

I understand that if my child is accepted, any registration fees paid are non-refundable and I agree to pay all tuition charged by SASEAS School on a timely basis in order to assure continuous enrollment, issuance of report cards, and release of records.

(Signature of Parent/Guardian)

(Date)

For Office Use Only

REGISTRATION FEE PAID	YES	NO	AMOUNT	CHECK #	CASH