

St. Charles Borromeo School

7580 Center Parkway, Sacramento, CA 95823

Tel. (916) 421-6189 – Fax. (916) 421-3954

RE-REGISTRATION FORM

Child's Full Name _____ M ___ F ___ Gr. _____
Last First Middle 2011-12

Child's Full Name _____ M ___ F ___ Gr. _____
Last First Middle 2011-12

Child's Full Name _____ M ___ F ___ Gr. _____
Last First Middle 2011-12

Child's Full Name _____ M ___ F ___ Gr. _____
Last First Middle 2011-12

Home Address _____
Street Address City Zip Code

Home Phone (____) _____ Registered Parish _____

EMAIL ADDRESS: (it is very important that you include your email address
in order for you to access MyStudentsProgress.com) _____

School District child resides in: _____

Public School child would have attended: _____

Language(s) spoken in the home _____

Two-Parent ___ Single ___ Divorced/Separated ___ Father deceased ___ Mother deceased ___

Ethnicity: American Indian ___ Asian ___ Black ___ Hawaiian ___ Hispanic ___
Filipino ___ Vietnamese ___ White ___ MultiRacial ___

Person Responsible for Payment of Tuition:

Name: _____ Relationship to Student _____

Address: _____
Street Address City Zip

I hereby apply for my child's registration to St. Charles Borromeo School. I understand that the application/registration fee is non-refundable.

Signature of Parent or Guardian

Date