

PORTSMOUTH CATHOLIC REGIONAL SCHOOL
RE-REGISTRATION
2011-2012

FAMILY NAME _____

STUDENT INFORMATION

Full Name of Student/Grade (2011-2012)

Full Name of Student/Grade (2011-2012)

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Full Name of Student/Grade (2011-2012)

Full Name of Student/Grade (2011-2012)

Full Name of Student/Grade (2011-2012)

Address

City

State

Zip Code

Home Phone # _____

Work Phone # _____

Emergency Phone # _____

Email Address * _____

***(Please Circle One) I/We Do/Do Not want this Email Address used by the school to inform me/us of legislative and other issues involving my/our child(ren)'s education.**

Catholic _____/Non-Catholic _____ Parish _____

PERMISSION

I give my permission for Portsmouth Catholic Regional School to take photographs, and or videos of my child(ren) to be used for educational purposes, public relations, yearbook, etc.

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

Please fill in ONLY the information you want to appear in the school directory.

Family Name _____

Student(s) Name(s) _____

Address _____

Phone Number _____

_____ I do not want any information to appear in the school directory.

FACTS Financial Aid forms are available in the school office or you may apply on-line at www.factstuitionaid.com. APPLICATION FOR FINANCIAL ASSISTANCE DOES NOT GUARANTEE FUNDS WILL BE AWARDED. Applications must be completed with supporting documentation by March 1, 2011.

Registration Fee for all students is \$130.00 per child. Returning families (and new siblings) signing a contact before January 28, 2011 will receive 50% off all registration fees.