

**LEBANON CATHOLIC SCHOOL  
RE-REGISTRATION FORM  
"2007-2008"  
\*\*(RETURN BY MARCH 02, 2007)\*\***

**MAILING ADDRESS:**

**Legal Guardian:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Parent/Guardian E-Mail** \_\_\_\_\_

**Child/ren resides with:** Both Parents \_\_\_\_\_ Father \_\_\_\_\_ Mother \_\_\_\_\_ Stepfather/mother \_\_\_\_\_  
Stepmother/father \_\_\_\_\_ Other \_\_\_\_\_

<i>NAME OF STUDENT</i>	<i>GRADE IN FALL</i>	<i>ACCEPTABLE USE POLICY</i>	<i>EMERGENCY FORMS ENCLOSED</i> <i>(Please check for each child)</i>

***NO RE-REGISTRATION WILL BE ACCEPTED FOR ENROLLMENT UNLESS  
REGISTRATION FEE IS ATTACHED TO THIS FORM. THIS RE-REGISTRATION WILL BE  
WITHDRAWN IF YOUR "2006-2007" TUITION ACCOUNT IS NOT PAID  
IN FULL BY MAY 31, 2007.***

**PARENTAL AGREEMENT**

*To assure the School Board that they will have the required amount of financial support to operate the school, I/we hereby promise that I/we will pay the tuition established by the School Board for the education of my child(ren) in a timely manner. I/We also will pay reasonable attorney's fees and interest at the rate of 1.5% per month in the event of default.*

*Parents are agreeing that they and their child/ren will abide by the policies and procedures that may be adopted from time to time by the diocese or the school, particularly those set forth in the school's handbook.*

**NON-REFUNDABLE REGISTRATION FEE:**

*One child fee: \$75.00 (\$100 after March 2, 2007)*

*Family of two or more: \$100.00 (\$125.00 after March 2, 2007)*

**\*\*\*Make checks payable to Lebanon Catholic School\*\*\***

**Date Paid** \_\_\_\_\_ **Check No.** \_\_\_\_\_ **Cash** \_\_\_\_\_

**Parent's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**PASTOR'S SIGNATURE IS REQUIRED** \_\_\_\_\_