OUR LADY OF LA SALETTE SCHOOL
REGISTRATION FORM 2009-2010

PARENT INFORMATION

Father's name_____ Mother's name_____

Address_____ Address_____

City_____ City_____

State, Zip_____ State, Zip_____

Home phone (_____) _____ Home phone (_____)_____

Cell phone (_____)_____ Cell phone (_____)_____

E-Mail_____ E-Mail_____

Pager (_____)_____ Pager (____)_____

Work Phone_____ Work Phone_____

Employer_____ Employer_____

Address_____ Address_____

Religion_____ Religion_____

Parish_____ Parish_____

STUDENT INFORMATION Student lives with_____

Name	Birth date	Grade 2009-2010	*Baptism	* First Eucharist	Confirmation
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**Catholic students need certificate for sacrament if other than Our Lady of La Salette Parish*

MEDICAL INFORMATION

Doctor_____ Phone (_____)_____

Address_____ City_____

Allergies_____

Medical problems_____ Medications_____ _____

PAYMENT PLAN FACTS Program One Payment Two payments

Circle one (10 months starting June 2009) (May 15, 2009) (May 15/ Nov.15, 2009)

I agree to pay tuition and fees_____ _____

Signature Date