



St. Paul of the Cross School

140 S. Northwest Highway • Park Ridge, IL 60068 • (847) 825-6366 (847)825-2466 Fax

January 7, 2010

Dear Families,

St. Paul of the Cross School is currently in the process of planning for the 2010–2011 school year. It is important for us to know the number of students in each grade for next year. Please fill out the form at the bottom of this letter and return it to school by Friday, January 15, 2010. A non-refundable registration fee of \$30.00 per currently enrolled student (maximum of \$90.00 per family) should accompany this form. This registration fee covers the cost of the Archdiocesan fee and helps to maintain the school office. This form is being sent to the oldest or only child in each family. Please use this form to re-register currently enrolled students ONLY. **Re-registrations will only be accepted from those families whose fee and tuition payments are up-to-date.**

We will be accepting registrations for new students in current school families whose fee and tuition payments are up-to-date on Tuesday, 2/9/10, in the Parish Life Center Meeting Room from 8:30 -10:30 AM. Please call the school office to request a registration form. A registration fee of \$100.00, the child's **original** legal birth certificate (**NOT a copy**), and a copy of the child's baptismal certificate (baptismal date if baptized at St. Paul) must be brought to registration for each new student. Thank you in advance for your cooperation.

PRE-REGISTRATION FORM 2010 - 2011

Family Name: _____

Number of **currently enrolled** children you wish to re-register: _____

If not returning, please check here: _____

Total registration fee enclosed: \$ _____ Check Number _____

Please specify desired session for:
Prekindergarten: AM (3 days/week),
PM (3 days/week) or PM (5 days/week)
Kindergarten: Full Day or ½ Day PM

| <u>Child(ren)'s Name(s)</u> | <u>2010-2011 Grade</u> | |
|-----------------------------|------------------------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Please provide the following information for office use:

Do you live 1.5 miles or more from St. Paul of the Cross School? Yes No

Will your child(ren) use District 64 bus service? Yes No

How will your child(ren) get to and from school on MOST days? Walk/Bike Drive Bus