

OFFICE USE ONLY	Contract #	
Date Received		Amount Paid
Check #		
Cash		Receipt Given

FATHER NAME	☐ Check here if informa	tion has changed	MOTHER NAME	$\hfill\Box$ Check here if information has changed		
ADDRESS			ADDRESS			
CELL PHONE			CELL PHONE			
WORK PHONE			WORK PHONE			
EMAIL			EMAIL			
EMPLOYER			EMPLOYER			
OCCUPATION			OCCUPATION			
NEW INFORMATIO	N		NEW INFORMATIO	DN		
$\square$ If mother remarri	d, Stepmother's Full Name ed, Stepfather's Full Name th:					
PERSON(S) RESPO	NSIBLE FOR TUITION PAY	MENTS				
□ FATHER □ MOTHER □ BOTH □ OTHER - NAME				RELATIOINSHIP		
Will you be applyi	ng for financial aid? Yes	$\square$ No $\square$				
PARENT/GUARDIAN SIGNATURE				DATE		
ENCLOSE A NON-REFUNDABLE \$100.00 RE-ENROLLMENT FEE <u>PER CHILD</u> WITH THIS FORM NO LATER THAN FEBRUARY 26, 2017.  AFTER THE PRIORITY DEADLINE, A SPOT CANNOT BE GUARENTEED FOR YOUR CHILD(REN).						

STUDENT(S) NOT RETURNING TO ST. VIATOR FOR THE 2017-2018 SCHOOL YEAR					
☐ My child(ren) will NOT be returning for the 2017-2018 school year*  *Transfer paperwork will not be sent home until this section has been filled in, signed and current obligations are fulfilled.					
Reason for transferring:					
PARENT/GUARDIAN SIGNATURE DAT	E				