

## Re-Registration for 2019-20 School Year

Please fill out form/ sign below to register your student(s) for the upcoming school year.

**Family Name/Home Address:**

**Students:**

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### Parent/Guardian Contacts

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

As parents/guardians, in registering the child(ren) listed on this application to attend Bishop McHugh Regional Catholic School, we make a commitment to meet the financial obligations and accept to be governed by the school policies.

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Parent/Guardian Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

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Parent/Guardian Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

*Please remit re-registration payment (\$100 per child) via check or cash, and attach it to this form. Receipts are available upon request.*