Saint Eugene School

7930 W. Foster Avenue · Chicago, Illinois 60656 · Phone: (773) 763-2235 · Fax: (773) 763-2775

St. Eugene School
Re-Enrollment Form

Family Name: _____ Sunday Env. # (must be provided) _____

Child's last name if different: _____

My Child/ren will return to St. Eugene School for the 2016-2017 School Year

Child's Name: _____ Entering Grade: _____

Child's Name: _____ Entering Grade: _____

Child's Name: _____ Entering Grade: _____

Child's Name: _____ Entering Grade: _____

Note: If enrolling for PK, please check your option.

Monday, Tuesday, Wednesday, Thursday, Friday _____ a.m. only

Monday, Tuesday, Wednesday, Thursday, Friday _____ all day

_____ My child/ren will not be returning to St. Eugene School for the 2016/2017 School Year.

Reason: _____

Please attach deposit to this form. Re-enrollment form must be in by January 18, 2016.
$100 deposit is required for each child entering PS through grade 8.

Tuition deposit is non-refundable.

Please do NOT tear in half:
(For Office Use Only)

Family Deposit Received Amount: $ _____ Check #: _____

Date: _____ Cash: _____