# 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 2018-2019 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 2018/2019 School Year.

Reason: _____

**Please attach deposit to this form. Re-enrollment form must be in by February 19, 2018.**
**$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: _____