



18310 Middletown Road  
Parkton, MD 21120  
410-329-6956

**RE-REGISTRATION**  
**GRADE:** \_\_\_\_\_  
**SCHOOL YEAR:** \_\_\_\_\_

**APPLICANT INFORMATION:**

**Child's Full Name:** \_\_\_\_\_  
Last First Middle

**Home Address:** \_\_\_\_\_  
Number and Street  
\_\_\_\_\_  
City State Zip Code  
\_\_\_\_\_  
Social Security # Religion

**FAMILY INFORMATION:**

**CHILD'S FATHER:**

**CHILD'S MOTHER:**

**Name:** \_\_\_\_\_  
**Employer:** \_\_\_\_\_  
**E-Mail Address:** \_\_\_\_\_  
**Work Phone #:** \_\_\_\_\_  
**Home Phone #:** \_\_\_\_\_  
**Cell Phone #:** \_\_\_\_\_  
**Religious Affiliation:** \_\_\_\_\_

**Please indicate:** \_\_\_ Married \_\_\_ Single Parent \_\_\_ Parent Deceased \_\_\_ Other: \_\_\_\_\_

**With whom does student live?** \_\_\_\_\_

**If the student is NOT living with both parents, to whom and at what single address should mail be sent:**

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number and Street City State Zip Code Daytime Phone No.

**Parish you attend:** \_\_\_\_\_ **Are you registered?** \_\_\_ YES \_\_\_ NO

**Support of SCRIP program:** I presently: ( ) participate ( ) do not participate  
( ) will participate before the end of the current school year

**Lunch/Recess Supervision:** ( ) I have met my commitment for 3 days for the 2011-2012 school year.  
( ) I have not met my commitment for 3 days for the 2011-2012 school year.  
( ) I will meet my 3-day commitment before the end of the current school year.  
( ) I commit to 3 days for the 2012-2013 school year.

**Parent "contributed services" help create a community spirit at Our Lady of Grace School. Please list how you will be able to share your gifts of talent, time, and hobbies with our school community.**

\_\_\_\_\_  
\_\_\_\_\_

**First Tuition Payment due March 1, 2012.**  
**All tuition is non-refundable unless family moves out of the area or the school recommends special educational placement.**  
**\$50 Late Fee charged for overdue tuition; fee is applied March 1 and each month thereafter.**

**OUR LADY OF GRACE SCHOOL**  
**TUITION PAYMENT AGREEMENT**  
*School Year 2012- 2013*

**PERSON RESPONSIBLE FOR TUITION PAYMENT:**

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Number and Street

\_\_\_\_\_

City

State

Zip Code

**Day Phone No.:** \_\_\_\_\_

**Evening Phone No.:** \_\_\_\_\_

**Name of Student:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**PAYMENT PLANS** (Select one of the following options)

**First month's non-refundable tuition is due on March 1<sup>st</sup>. Thereafter, choose one of the following:**

**Balance Paid in Full (May 1)**

**If selecting any of the following options, please complete FACTS Tuition Payment Registration at [www.olgs.org](http://www.olgs.org), Admissions, Information, FACTS ONLINE PAYMENT PLAN:**

**Two Payments (May, October)**

**Four Payments (May, July, September, November)**

**Eleven Payments (May, Jun., Jul., Aug., Sept., Oct., Nov., Dec., Jan., Feb.)**

**AGREEMENT**

**I have read the enclosed Tuition Payment Policy and I understand my financial responsibility with regard to the above student.**

\_\_\_\_\_  
Signature of Parent/Guardian

**Date** \_\_\_\_\_