St. Cyril of Jerusalem School
4548 Haskell Avenue
Encino, CA 91436
818-501-4155

RE-REGISTRATION FORM 2010-2011

Thank you for filling in this form completely.

My children _____ (will) _____ (will not) return to St. Cyril's School in September 2010.

Names of Children at St. Cyril		Tentative Grade in Sept. 2010
LAST NAME	**FIRST NAME**	**GRADE**
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

PLEASE RETURN THIS REGISTRATION FORM WITH A TOTAL PAYMENT BY 02/23/10

Non-refundable registration fees for 2010-2011: $250 per child

Family Name of Parents or Guardian: _____

Address: _____
City Zip Code

Phone: _____
Area Code Number

Signature of Parent: _____