



Educating Tomorrow's Leaders

St. Ethelreda School

8734 S. Paulina Street
Chicago, IL 60620
Ph: 773-238-1757; Fax. 773-238-6059
www.stethelreda.org

Student Registration Form 2016-2017 School Year

I, _____, am hereby registering:

Student Names

Grade in August

- | | |
|----------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |

By signing this registration form, I understand that the \$250.00 registration fee and first tuition payment are nonrefundable.

Parent/Guardian name: _____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Parent or Guardian

Date