



Student's Last Name \_\_\_\_\_

**Form A**

**2017-2018  
RETURNING STUDENT REGISTRATION FORM**

(Please print all information)

**PARENT/  
GUARDIAN NAME:** (Last) \_\_\_\_\_ (First) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Check this box if the above information is new.

If you are planning to have your child(ren) return to Kearns-Saint Ann next year, please complete and return this form to the school office with your \$100 per child fee. This is a non-refundable fee, that will save your child(ren)'s place for the 2017-2018 school year.

All other school fees will be due on Thursday, April 27, on Registration Day.  
The Tuition and Fee sheet must also be filled out and enclosed.

**STUDENT(S) NAME:** (please print)

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Grade in 2017-18 \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Grade in 2017-18 \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Grade in 2017-18 \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Grade in 2017-18 \_\_\_\_\_

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ Grade in 2017-18 \_\_\_\_\_

My Child(ren) will NOT be returning to Kearns-Saint Ann School for the 2017-2018 school year.

They will be attending \_\_\_\_\_

Office Only  
Date: \_\_\_\_\_ Paid: \_\_\_\_\_ Ck #/Cash: \_\_\_\_\_ Amount Due: \_\_\_\_\_