

SAINT MICHAEL'S SCHOOL

16560 Three Notch Road, Ridge, Maryland 20680
Phone Number 301-872-5454 (Fax) 301-872-4047

PARENT/GUARDIAN INFORMATION

Parent/Guardian Name (Print Clearly)

911 Address

City State Zip

Day phone Home phone

E-mail for school communications

Grades PreK – 8:

Name Grade in Aug.

Name Grade in Aug.

Name Grade in Aug.

Name Grade in Aug.

Additional Obligations: *Check your choice*

1) ___ I will participate in
volunteer/fundraising requirements
10 hrs. of volunteer/fundraising \$250 profit

2) ___ No, I do not want to participate in
volunteer/funding agreement and agree to the
cost based tuition rate of (\$7,900 per pupil).

Charges will be assessed to families falling
short of the requirements as described in the
Volunteer-Fundraising Handbook 08-09.

We are participating members of:

_____ St. Cecilia _____ St. Michael

_____ St. Nicholas _____ St. Peter Claver

Other _____

Catholic Parishes Only

Payment Choices:

_____ Monthly (July-May)

_____ 4 Payments (July/Oct/Jan/April)

_____ 2 Payments (July and January)

_____ 1 Payment

Due to School Office by July 20th

(P.O. Box 259, Ridge, MD 20680)

Payment Date Chosen: _____ 10th _____ 20th

Payment Method Chosen:

_____ Coupon Book _____ Automatic Deduction

(will be mailed by Smart Tuition)

***I agree to pay the amount of tuition as stated in the
08/09 rates in consideration of my
Volunteer/Fundraising agreement choice.***

***I also understand that all families are responsible for 2
sessions of duty for ADF Bingo.***

Signature

FOR OFFICE USE ONLY

(Do Not Fill in)

Registration fee check # _____

Tuition amount: _____

Less Tuition Assistance: _____

Total Tuition to be billed: _____