



## Our Lady of Good Counsel Catholic School

611 Knowles Ave ∞ Southampton, Pennsylvania 18966

215-357-1300 ∞ www.school.olgc.org

# RE-REGISTRATION FORM

## Returning Students 2019-2020 School Year

FAMILY NAME: \_\_\_\_\_

### PLEASE CHECK YOUR INTENT FOR THE 2019-2020 SCHOOL YEAR:

\_\_\_\_\_ **YES**, I would like to re-enroll my child(ren) at Our Lady of Good Counsel School for the 2019- 2020 School Year.

Name of Student: \_\_\_\_\_ Grade (for next year): \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade (for next year): \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade (for next year): \_\_\_\_\_

\_\_\_\_\_ I would like to **ADD** a new sibling(s) to Our Lady of Good Counsel School for the 2019-2020 School Year. (This includes our 3 & 4 year old Pre-Kindergarten program.)

CHILD NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE FOR 2019-2020: \_\_\_\_\_

CHILD NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ GRADE FOR 2019-2020: \_\_\_\_\_

\_\_\_\_\_ **NO**, my child(ren) will not return to Our Lady of Good Counsel School for the 2019-2020 School Year.

SCHOOL PLANNING TO ATTEND: \_\_\_\_\_

REASON FOR DEPARTURE: \_\_\_\_\_

PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\*If your child will be attending our Pre-K 3, Pre-K 4 or Kindergarten, please specify somewhere on this form if they will attend 3 days a week, 5 days a week, Full Day or Half Day.\*