



Good Shepherd Catholic School
835 North Hills Avenue
Ardsley, PA 19038
215.886.0126
www.gscregional.org

RE-ENROLLMENT FOR THE 2019 – 2020 SCHOOL YEAR

___ I / we confirm our decision to re-enroll r our child / children at Good Shepherd Catholic School for the 2019 – 2020 school year. Please kindly re-enroll my child / children. **Please list each student and their grade level for September 2019 below where noted.**

___ I / we have decided that we will not re-enroll our child / children at Good Shepherd Catholic School for the 2019 – 2020 school year. Reason _____.

Please list each student and their grade level for September 2019 below where noted.

Student’s name: _____ Grade for September 2019: _____

Student’s name: _____ Grade for September 2019: _____

Student’s name: _____ Grade for September 2019: _____

Student’s name: _____ Grade for September 2019: _____

If applicable, please check:

___ I have another child for whom I will be enrolling as a new student at GSC. I will contact the Advancement Director, Amanda Wilkes, at advancement@gscregional.org or 215.886.0126.

Consistent with prior years, the current re-enrollment fee remains at \$ 200 per family. Families who attend Catholic Schools Week Open House on Thursday, January 31st are eligible to remit a discounted registration fee of \$ 100. The current registration fee of \$ 200 will apply for re-enrollment information for current students or new sibling enrollment information received after this event. **There are NO EXCEPTIONS to this discount offer.**

Please check one option:

___ I have enclosed a check to cover re-enrollment fee. Please make check payable to Good Shepherd Catholic School.

___ I authorize the Business Office to add my family's re-enrollment fee to my SMART Tuition Account. I understand that the payment may be executed on the next billing statement from SMART.

Parent Name

Signature

Date