



St. Michael School

Fall River, Massachusetts

2024-2025 School Year
Re-Registration Form

Family Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

<u>Child's Name</u>	<u>Present Grade</u>	<u>Date of Birth</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

FACE Tuition Assistance - Applicable for Grades K-8 (Please circle)

We plan to apply for FACE.

We do not plan to apply for FACE.

Siblings Planning to Attend

Incoming Kindergarten

Child's Name	Date of Birth
_____	_____

Incoming Pre-K 4

Child's Name	Date of Birth	# of Days Requested - Please Circle M T W T F
_____	_____	_____

Incoming Pre-K 3

Child's Name	Date of Birth	# of Days Requested - Please Circle M T W T F
_____	_____	_____

Incoming Other Grade

Child's Name	Current Grade
_____	_____

Your required non-refundable deposit of \$200 per student must be sent with re-registration by Friday, January 26th, to secure your spot. It will be applied to your 24-25 Academic Fee. Thank you.

* Our tuition rates for the 2024-2025 academic year are, \$4,200 for K-8, \$5,100 for full time Pre-K .