



Saint Francis of Assisi School
850 Washington Street
Braintree, MA 02184
Phone (781) 848-0842
Fax (781) 356-5309
www.sfab.org

Office use only:

Re-Registration (Grades 1-8) 2008-2009 School Year

Family Last Name: _____

Father's Full Name: _____ Mother's Full Name: _____

Responsible for Tuition: Mr. Mrs. Ms. _____

Billing Address: _____
Street Town/City State/ZIP Code

Telephone: Home: _____ Work: _____

Parish Affiliation _____ St. Francis of Assisi Parish: _____ Other: _____

E-mail Address: _____

Student Names (Returning Students Only)

Please do not include Pre-Kindergarten, Kindergarten or new siblings entering SFA

1. _____
First Middle Last (if different) Entering Grade
2. _____
First Middle Last (if different) Entering Grade
3. _____
First Middle Last (if different) Entering Grade
4. _____
First Middle Last (if different) Entering Grade

A **non-refundable** re-registration fee of \$100.00 per student is to accompany this form. This fee will be applied towards your Total Tuition Cost and must be included with this form so that your place will be reserved for next year.

Received: \$ _____ Check #: _____ Date: _____

Please return this completed form and the re-registration fee on or before January 17, 2008. We will begin honoring new student registrations on January 28, 2008. Therefore, this completed form must be received by the above date or we will not be able to guarantee a seat for your child/children.

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only: