



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

Kindergarten Re-Registration 2008-2009 School Year

Student Name: _____

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: _____

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 the next school 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.

Business office use
only: