



Dear St. Michael the Archangel School Families,

Thank you for choosing St. Michael the Archangel School for your child's education. Our goal is to provide a quality educational experience to all of our students in a nurturing, Catholic-based environment. It is time to begin the planning process for the 2019-20 school year and your child's academic needs. We ask that you complete the attached forms to reserve a space in the next grade level for your child. **Please note, transportation and textbook forms have also been included in this packet.**

This year, we ask that you make your commitment **November 14th thru November 20th for a \$50 discount off the re-registration fee.**

- **November 14th thru November 20th -- The re-registration fee will be \$100 per student** (this represents a discount of \$50). There will be a drawing for all students registered by Thanksgiving break! One lucky student will be chosen, from those registered, to receive a \$500 credit towards their 2019-20 tuition.
- **November 27, 2018 through February 1, 2019-- The re-registration fee will be \$125 per student** (this represents a discount of \$25).
- **February 4, 2019 through May 24, 2019 and for all new registrants--the re-registration fee will be \$150.00 per student. Any re-registrations after Memorial Day break will be \$175!**

Kindly fill out the attached **FORMS** and return them to the Advancement Office, c/o Marianne Gano. **ALL RE-REGISTRATION FEES WILL BE BILLED THROUGH FACTS INCIDENTAL BILLING. NO MONEY NEEDS TO ACCOMPANY YOUR RE-REGISTRATION FORM. RE-REGISTRATION FEES ARE NON-REFUNDABLE.**

If you have any questions regarding registration, please contact Mrs. Marianne Gano, Director of Advancement, at 610-867-8422 ext. 17.

Thank you again for choosing St. Michael the Archangel School, and we look forward to another successful academic year with your child! God bless you and your families.

Sincerely,

Mrs. Colleen Weiss
Principal

Monsignor Nevin Klinger
Pastor – ABVM

Father Thomas Buckley
Pastor – St. Joseph

Nurturing Students. Challenging Minds. Inspiring Faith-Filled Leaders.

Elementary School Campus: 5040 St. Joseph's Road, Coopersburg, PA 18036 610.965.4441
Middle School Campus: 4121 Old Bethlehem Pike, Bethlehem, PA 18015 610-867-8422
www.st-mikes.com

For Office Use Only:
____ Date Received
____ Received By

**ST. MICHAEL THE ARCHANGEL SCHOOL
2019-2020 RE-REGISTRATION FORM**

Student Name _____ Current Grade _____
Student Address _____
Parent Email Address _____
Grade Next School Year: _____

Please check the appropriate response concerning registration:

- My/Our child **WILL** attend St. Michael the Archangel School next year
- I/We are re-registering prior to **THANKSGIVING BREAK** and wish to have a \$50 discount applied to the re-registration fee. **\$100.00 per child will be charged to your FACTS account.**
- I/We are re-registering **PRIOR to February 1, 2019** and wish to have a \$25.00 discount applied to the re-registration fee. **\$125.00 per child will be charged to your FACTS account.**
- I/We are re-registering **AFTER February 3, 2019**. **\$150.00 per child will be charged to your FACTS account.**

As a reminder any re-registrations after Memorial Day will be charged \$175 and may be asked to pay by check or CASH.

The following information relating to the above child can be used to assist in completing the required Pennsylvania Department of Education – NCEA report:

Asian Black Native HI PAC ISL
 White/Caucasian Hispanic Two/More Races
 Unknown Race
 We do not wish to supply this information

I/We understand that by completing these forms, St. Michael the Archangel will reserve space in the designated grade for the aforementioned student. I/We fully understand that the school administration will rely upon this commitment to determine the number of available seats in each grade level. I/We agree to the conditions set forth by the tuition payment plan and the guidelines for receipt of any scholarship / financial assistance plans. I/We also understand that the registration fee is **NON-REFUNDABLE**.

Signature of Parent/Legal Guardian

Date