



Monsignor McClancy Memorial High School

REGENTS REGISTRATION 2019 (For McClancy Students)

PLEASE FILL THIS FORM OUT ENTIRELY

Name of Student _____

Address _____ Apt # _____

City _____ State _____ Zip Code _____

Home Phone _____ Student's Cell Phone _____

Name of Parent or Guardian _____

Parent's Cell Phone _____ Work Number _____

(The school must have phone numbers where a parent/guardian can be reached at all times)

Grade Student Will Be Attending in September 2019: _____

Regents: _____

_____ Regents at \$50 each Amount Paid _____

Balance Due: _____ Paid in Full _____