



Msgr. McClancy Memorial High School Summer Session 2019

Registration

PLEASE FILL THIS FORM OUT ENTIRELY

Name of Student _____

Name of Parent(s) or Guardian(s) _____

Parent's Cell Phone _____ Work Number _____

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

Grade Attended in 2018-2019 School Year _____

Grade Attending in September 2019 _____

Courses: _____

_____ courses for _____

Amount Paid _____

Balance Due: _____

Paid in Full _____