



Monsignor McClancy Memorial High School Summer Session 2020

Registration

PLEASE FILL THIS FORM OUT ENTIRELY

Name of Student _____

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

Parent's Cell Phone _____ Work Number _____

Parent's Email Address: _____

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

Grade Attending in September 2020 _____

Courses: _____

_____ courses for _____

Amount Paid _____