



ST. IRENE SCHOOL

3S601 Warren Avenue, Warrenville IL 60555
Office 630-393-9303 · Fax - 630-393-7009

2008-2009 REGISTRATION

FAMILY NAME

FATHER

MOTHER

ADDRESS

CITY

ZIP CODE

PHONE

PARISHIONER
 NON-PARISHIONER

I/we wish to enroll the following child/ren in St. Irene School for the 2006-2007 school year.

NAME / GRADE

NAME / GRADE

NAME / GRADE

NAME / GRADE

I understand that with this form, I am expected to pay a non-refundable \$80.00 per student Registration Fee.

SERVICE RESPONSIBILITY (K-8): Families are required to perform a minimum of 20 hours of service to St. Irene's or pay an additional \$10.00 per hour service fee.

We, the undersigned, enter into this contract with St. Irene School. We understand that report cards, school records, and/or diplomas will not be given out until full payment is made to the parish.

DATE

SIGNATURE OF PARENT/GUARDIAN

(TO BE FILLED OUT BY STAFF ONLY)

AMOUNT

DATE RECEIVED

CHECK #

REG. FEE

THIS FORM WILL BE PROCESSED ONLY IF TUITION IS CURRENT AS OF 01-29-08.