

ST. EPHREM LANGUAGE AND RELIGIOUS EDUCATION SCHOOL

750 Medford Street, El Cajon, CA 92020

619- 337-1350

2017 – 2018 Registration Form

Date: _____

Family Name _____ Emergency contact name _____

Father's Name _____ Relationship of contact to student _____

Mother's Name _____ Emergency contact # (____) _____ - _____

Address _____

Father's Cell # _____

(City) (State) (Zip Code)

Home Phone (____) _____ - _____ Mother's Cell # _____

E-Mail Address _____ **(Required for receiving announcements)**

PARISHIONERS NON- PARISHIONERS
(Circle -To be verified by Pastor)

Student's First Name	Gender M / F	Date of Birth	Age	School Grade 2017- 2018	Last Arabic level attended	Last Religious Education level attended	Allergies Yes / No Explain
1.		/ /					
2.		/ /					
3.		/ /					
4.		/ /					

* LEAVE BLANK, FOR OFFICE USE ONLY *

Family Tuition / month \$ _____ Family Tuition / 4 months \$ _____ Family Tuition / year \$ _____

Payments	Tuition	Arabic Books Usage Fee	Faith Formation Books	Binder(s) \$5 each	Total \$	Payment Date	Cash	Check #	Notes
October									
November									
December									
January									
February									
March									
April									
May									