



OUR LADY OF CHARITY SCHOOL

3620 SOUTH 57TH COURT · CICERO, IL 60804

(708) 652-0262 PHONE · (708) 652-0601 FAX

2015-2016 Registration Form

Parent Name: _____

(Last)

(First)

Address: _____

(Street)

(Apt #)

(City)

(State)

(Zip Code)

Home Phone Number: () _____

Work Phone Number: () _____

Cell Phone Number: () _____

Email Address: _____

Students

Last Name	First Name	Date of Birth	Grade – Aug. 2015

I certify that I am the legal guardian of the following student(s) registering for the 2015-2016 school year at Our Lady of Charity School.

Parent Signature: _____ Date: _____

Paid Non-Refundable Registration Fee of \$ _____ Date: _____

Cash _____ Check # _____ Money Order # _____