



# Bishop Rosecrans High School 2018-2019 Intent to Return

I/We are re-enrolling the following Bishop(s) in Bishop Rosecrans High School for the 2018-2019 school year.

Parent name \_\_\_\_\_

Parent name \_\_\_\_\_

**Name of returning Bishop**

**Grade for 2018-2019 school year**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**New Bishop to enroll 2018-2019**

**Grade for 2018-2019 school year**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Please update the contact information below. (Please print clearly.)**

Street address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

cell phone (parent) \_\_\_\_\_

cell phone (parent) \_\_\_\_\_

cell phone (student) \_\_\_\_\_

Email (parent) \_\_\_\_\_

Email (parent) \_\_\_\_\_

Email (student) \_\_\_\_\_

If you would like to continue using your existing FACTS tuition payment option please check the box.

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**Be sure to enclose a \$25.00 NON-REFUNDABLE registration fee per family.**