

Our Lady of Fatima School
Parent/Guardian Commitment Form
School Year 2010-2011
Fax 302-328-6318

Family Name: _____ Parish Acct (if registered) # _____

First Name: _____ Occupation: _____ Email: _____

Place of Employment: _____ Employ Phone #: _____

First Name: _____ Occupation: _____ Email: _____

Place of Employment: _____ Employ Phone #: _____

Address: _____

Development: _____ City/State/Zip: _____

Home Telephone: _____

Please note: List below address correspondence should be sent to if different from family address:

Name: _____

Address: _____ City/State/Zip: _____

Name of Child/ren (beginning with oldest) who will be attending OLF School and the grade they will be attending in 2010. If Preschool or Kindergarten student, please indicate full or half-day.

FIRST

LAST

GRADE in 2010

I, the undersigned, hereby recognize my responsibility as a parent/guardian of a child/children in Our Lady of Fatima School:

- to cooperate with the administration and faculty of the school in the education of my child.
- to follow the official policies of Our Lady of Fatima School.
- to make timely payments through the FACTS Management Program
- acknowledge termination of contract or withdrawal from school after June 30, 2010 will result in one month's forfeit of tuition.
- acknowledge termination of contract or withdrawal from school after August 1, 2010 will result in one month's tuition plus non-refundable book fee payment.
- I hereby abide by the contractual agreement thru FACTS or Paying in Full.

_____ (signature)

Date: _____