



York Catholic High School

601 E. Springettsbury Avenue, York, PA 17403
717-846-8871 ♣ www.yorkcatholic.org

2020-2021 ENROLLMENT COMMITMENT

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____

PARISH: _____ EMAIL: _____

NAME OF STUDENT(S)	2020-2021 GRADE	\$200 PER STUDENT by Feb 21 \$250 after Feb 21 ~ \$300 after Apr 3
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL: \$ _____

Through the enclosed NON-REFUNDABLE FEE per student for the 2020-2021 school year, I hereby verify the enrollment of the above student(s) at York Catholic.

PARENT SIGNATURE _____ DATE _____

FORM OF PAYMENT

Check made payable to *York Catholic High School* Check # _____

Visa MasterCard Discover When paying by credit card, an additional \$5.00 fee per student will be charged.

Total Amount \$ _____

Name on Card _____

Number _____ Exp _____ CVV _____

Signature for Authorization _____ Zip Code _____

For Internal Use Only _____ Admissions Office _____ Business Office

ENROLLMENT DEADLINE: February 21, 2020