



# York Catholic High School

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

## 2017-2018 RE-ENROLLMENT COMMITMENT

PARENT/GUARDIAN NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
 \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL: \_\_\_\_\_

PARISH: \_\_\_\_\_ EMAIL: \_\_\_\_\_

Through the enclosed \$200 NON-REFUNDABLE FEE per student (to be used toward technology and capital improvements) for the 2017-2018 school year, I hereby verify the enrollment of the following student(s) who are already registered at York Catholic.

NAME OF STUDENT(S)	2017-2018 GRADE	\$200 PER STUDENT by May 12 \$250 per student after May 12
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
		TOTAL: \$ _____

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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

### FORM OF PAYMENT

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

Name on Card \_\_\_\_\_

Number \_\_\_\_\_ Exp \_\_\_\_\_

Signature for Authorization \_\_\_\_\_ Zip Code \_\_\_\_\_

Cash Amount \_\_\_\_\_

Check Enclosed \_\_\_\_\_ (made out to York Catholic High School)