



York Catholic High School

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

2018-2019 ENROLLMENT COMMITMENT

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____

PARISH: _____ EMAIL: _____

Through the enclosed \$150 NON-REFUNDABLE FEE per student for the 2018-2019 school year, I hereby verify the enrollment of the following student(s) at York Catholic.

NAME OF STUDENT(S)	2018-2019 GRADE	\$150 PER STUDENT by Feb 23 \$200 after Feb 23 ~ \$250 after Apr 6
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL: \$ _____

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
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REGISTRATION DEADLINE: February 23, 2018