

2021-2022 ENROLLMENT COMMITMENT

PARENT/GUARDIAN NAME: _____

ADDRESS: _____

PHONE: _____ CELL: _____

PARISH: _____ EMAIL: _____

NAME OF STUDENT(S)	2021-2022 GRADE	\$200 PER STUDENT by Feb 19 \$250 after Feb 19 ~ \$300 after Apr 9
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL: \$ _____

Through the enclosed NON-REFUNDABLE FEE per student for the 2021-2022 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 American Express *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 _____

ENROLLMENT DEADLINE: February 19, 2021