
NAME

SCHOOL YEAR

RE-REGISTRATION

OUR LADY OF GOOD COUNSEL SCHOOL, LLC

PARENT'S NAMES: _____

HOME PHONE NUMBER: _____

CELL PHONE NUMBER: _____

EMAIL: _____

PARISH: _____

SCHOOL DISTRICT _____

CHILDREN (Please include pre-schoolers)

GRADE

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

8. _____
