

ENROLLMENT FORM
T.A.B. TUITION AND BUCKS
ST. MARY'S SCHOOL

PLEASE PRINT THE FOLLOWING INFORMATION:

Full name of parent(s) or guardian(s) _____

Daytime phone # _____

Street _____

City _____

Zip _____

All credits accumulated in the program should be credited to:

_____ My tuition account

Or

_____ St. Mary Scholarship Fund

Method of Pick up:

_____ The above named person only may pick up certificates. Please indicate if you will be having your child bring home certificates. We general will send with the youngest at school.
Name of child _____ Grade _____

_____ I authorize another St. Mary parent to sign for and pick up my certificates. I understand that St. Mary School is in NOT RESPONSIBLE FOR LOST OR MISSING CERTIFICATES

Name of individual _____ Phone _____

TAB credits accumulated during a specific school year, will be applied to the following school year. When a student leaves St. Mary School, any accumulated credits may be transferred to another family, or will be applied to the scholarship fund. Funds may not be given as cash back to a family leaving, or applied to unpaid balances.

I (We) have read, understand, and will abide by the general policies of the T.A.B. Program.

Signature _____

Date _____