

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 \_\_\_\_\_