St. Isidore School 603 W. Broad Street Quakertown, PA 1895	1	Email:	Admissions	Phone: 215-536-6052 Fax: 215-536-8647 s@stisidoreschool.com
School Year 2015-20	016	Da	ate	
Parent's Name(s)				
Address				
City		State		Zip
Home Phone (	)	Email		
Parish in which you ar	e registered:			
My child/child	lren <u>will</u> be returni	ng to St. Isido	re School	
My child will  Student's Name(s)	<b>not</b> be returning to			Entering Grade for 2015-2016
Return completed form Infrastructure fee by I doubled to \$250.00. Titems and technology. through the SMART To later) when using the Syou are new to the proinformation. Please incorprior to the end of the	n with the \$125.00 May 31, 2015. Aft the Capital Infrastru Tuition may be part UITION PROGRAT SMART plan. A SN togram or need to up	er June 1, 20 of the control of the	ble registrate 15, the come or special produly 31st or me or annual \$35 must accomp your current mod below. S	tion fee and Capital bined fees will be ojects such as safety nonthly (July – April) 5.00 fee (to be billed tany this application if SMART account
accordingly.	by July 31 <sup>st</sup>	SMART	by the $10^{th}$ (	
Fees Paid:  Date  Rev. 1/15	Amount	. Ca	ash	Check Number