



## General W. Anders School of Polish Language

**6725 W. Devon Chicago, IL 60631**  
**www.szkolaandersa.com 224-735-7297**

### REGISTRATION FORM 2017/2018

<b>First and last name</b>	<b>Mother</b>		<b>Father</b>	
<b>Address</b>	House #	Street name	House #	Street name
	Town/City	zip code	Town/City	zip code
<b>Cell #</b>				
<b>Home #</b>				
<b>Email</b>				

	Student's Name	Grade	Date of birth m/d /y	Place of birth	First Communion	New student	PNA member
1							
2							
3							
4							

Please complete boxes on the left			
	1 child	\$410	
	2 children	\$510	
	3 children	\$610	
	1st and 2nd grade – PREPARATION FOR FIRST COMMUNION	\$50	
	Deposit for parent school duty	\$30	
	Late fee	\$50	
	<b>Total</b>		<b>\$</b>

**\*Tuition Refund Policy:** withdrawal from school will results in a partial reduction of tuition and fees

**\*Returned Check Policy:** a charge of \$35.00 will be imposed for any returned check(s) received (NSF)

**Paid** \_\_\_\_\_ **BALANCE DUE** \_\_\_\_\_

Cash \$ \_\_\_\_\_ check # \_\_\_\_\_ \$ \_\_\_\_\_ Parent signature \_\_\_\_\_

**ALLERGIES OR OTHER MEDICAL CONDITION**

	Student 's name	Allergies or other medical conditions
1		
2		
3		
4		

Doctor's name \_\_\_\_\_ tel.# \_\_\_\_\_

***\*EMERGENCY CONTACT during school hours - in a case of emergency call:***

First and Last Name \_\_\_\_\_ cell # \_\_\_\_\_

**AUTHORIZED PERSONS TO PICK UP KIDS FROM SCHOOL**

	First and Last Name	Tel.#
1		
2		
3		
4		

Parent/ guardian signature \_\_\_\_\_

date \_\_\_\_\_