

STUDENT SCHOLA REGISTRATION FORM

Please return by September 11th, 2015 to:

St. Martin of Tours

639 S. Shelby St. - Louisville, KY 40202

Please indicate "Student Schola" in the memo line of your check.

PLEASE PRINT LEGIBLY

Child: _____ Age: _____

Child: _____ Age: _____

Child: _____ Age: _____

Child: _____ Age: _____

Child: _____ Age: _____

Child: _____ Age: _____

Parent(s): _____

Telephone (required): _____

Email (required): _____

Are you interested in supporting a Student Schola scholarship?

Does your child have any special needs?

If yes, please elaborate:

Tuition amount enclosed: _____

Scholarship amount enclosed: _____

Total amount enclosed: _____