



RE-REGISTRATION - Academic year 2009-2010

DEADLINE : MARCH 13, 2009

FAMILY NAME: _____

FAMILY CODE: _____

List your child/children presently attending AOSR:

LAST AND FIRST NAME

Grade 2009/2010

_____	_____	Will return	<input type="checkbox"/>	Will not return	<input type="checkbox"/>	Not sure	<input type="checkbox"/>
_____	_____	Will return	<input type="checkbox"/>	Will not return	<input type="checkbox"/>	Not sure	<input type="checkbox"/>
_____	_____	Will return	<input type="checkbox"/>	Will not return	<input type="checkbox"/>	Not sure	<input type="checkbox"/>
_____	_____	Will return	<input type="checkbox"/>	Will not return	<input type="checkbox"/>	Not sure	<input type="checkbox"/>
_____	_____	Will return	<input type="checkbox"/>	Will not return	<input type="checkbox"/>	Not sure	<input type="checkbox"/>

Complete and return the "School Bus Service" form even if you do not require the service.

BILLING: 1 invoice for full year (payable in full) 1 invoice for each semester Installment plan

SEND INVOICE TO: Both parents Father only Mother only

Home address Other (*Indicate complete address below*)

Name *Street Address*

City and Province *Zip* *Telephone* *Fax*

To the attention of: _____

RETURN THIS SIGNED FORM AND YOUR €500 DEPOSIT (*per child*) TO THE BILLING OFFICE. NO RE-REGISTRATION WILL BE ACCEPTED WITHOUT THIS DEPOSIT.

Parent's signature

Date

2009-2010