



St. Maximilian Kolbe School CARES Application Form 2017-18

Student Name _____ Grade _____

Student Name _____ Grade _____

Student Name _____ Grade _____

Address

City State Zip

Phone (preferred number)

Parent/Guardian Name (print)

Home Address (If different than above)

Telephone (if different than above) _____

Business Address _____

Business Phone _____ Additional Cell Phone _____

Attached is my non-refundable registration fee of \$ 25.00 (Per Family) payable to: St. Maximilian Kolbe School

Parent/Guardian Signature _____