



AGREEMENT FOR ADMISSION

It is our (my) wish that our (my) children (child) attend St. Maximilian Kolbe Parish Elementary School. We understand that our (my) children (child) are (is) obligated to attend classes in Religion and fulfill the requirements for this subject and, also, to attend all religious functions offered as part of the school program.

We (I) assume the obligation to pay the specified tuition and school fees and agree to support the philosophy, goals, objectives, and regulations of the school.

(Parent/Guardian) (Date)

(Parent Guardian) (Date)

Mrs. Monica Malseed

Principal

Saint Maximilian Kolbe School
Phone 610-399-8400

300 Daly Drive
school.stmax.org

West Chester, PA 19382
Fax 610-399-4684