



ST. TERESA CATHOLIC SCHOOL

1108 LEBANON AVENUE
BELLEVILLE, IL 62221
PHONE (618) 235-4066 ~ FAX (618) 235-7930

RETURNING STUDENT(S) REGISTRATION FORM – 2024/2025

PLEASE RETURN FORM WITH THE REQUIRED \$100 REGISTRATION FEE PER STUDENT. REGISTRATION FORM WILL NOT BE ACCEPTED WITHOUT FEE(S) AND REGISTRATION FEES ARE NON-REFUNDABLE.

****Please print in black or blue ink ONLY!****

K-8th STUDENT(S) NAME:

**GRADE FOR
2024/2025:**

PRESCHOOL/PRE-K STUDENT(S) NAME:

CLASS LEVEL FOR

2024/2025:

Name of student(s) presently attending St. Teresa School who **WILL NOT** be returning to school next year.

Name of school transferring to: _____

Reason for leaving St. Teresa School: _____

****Exit interviews will be set up with any family leaving St. Teresa.**

Parent/Guardian Signature: _____

Parent/Guardian Name (printed): _____

Date: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone Number: _____

(ADMINISTRATIVE USE)

Fee Amount Received: _____ Check #: _____ Date Received: _____