ST. JOHN VIANNEY PARISH
2010-2011 PSR Re-Registration Form

(Please Print Legibly)

Family Name: _____
Last Father Mother

Mailing Address: _____
Street

_____
City Zip

Home Phone: (440)_____

Email Address _____ (used only for emergency)

Parish Name (if not a member of SJV) _____

FILL IN THE FOLLOWING INFORMATION.

STUDENT NAME (Grades 1 - 8) **Please Include Last Name if Different from Family Name**	**Grade (Aug. 2010)**	**School**

For those going into Grade 9 (Confirmation Prep Program), fill in the following information. (More information will be sent this summer)

Name	**School (Aug. 2010)**

Payment Enclosed _____
Will Pay Later _____

PSR Fees	
$60	One child
$100	Two children
$120	Three or more children