OUR LADY OF LOURDES HIGH SCHOOL TACHS EXAM REVIEW CLASS REGISTRATION FORM 2020

Please supply the information below (PLEASE PRINT) Name -_____ Street-____ City-____ Zip Code _____ Home Phone - ______ CELL PHONE -EMERGENCY CONTACT NAME-EMERGENCY CONTACT PHONE-_____ CURRENT SCHOOL-PARENT E-MAIL-Official use only Cash \$____

Phone: (845) 463-0400 Fax: (845) 463-0174

Check \$_____

Check #_____

Paid in full