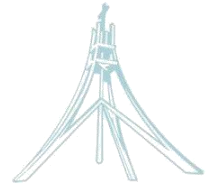




North American Martyrs Catholic School

2526 Haymaker Road, Monroeville, PA 15146

www.namschool.org



**Enrollment Response Form
2017-2018 School Year
PLEASE RETURN TO SCHOOL BY Wednesday, March 1, 2017**

Family Name _____

2017-2018 K-8 Classrooms

My child(ren) **WILL** be returning to North American Martyrs School for the 2017-2018 school year.

Child's Name: _____ Current Grade: _____

Child's Name: _____ Current Grade: _____

Child's Name: _____ Current Grade: _____

2017-2018 Preschool Classrooms

My child(ren) **WILL** be returning to North American Martyrs School for the 2017-2018 school year.

Child's Name _____ Current Class: _____

I would like to reserve a space in the following classroom:

Preschool 4-Year Old Program, 3 Days, A.M. Only

Preschool 4/5-Year Old Program, 3 Full Days Per Week

Preschool 4/5-Year Old Program, 5 Full Days Per Week

My child(ren) will **NOT** be returning to North American Martyrs School for the 2017-2018 school year.

Reason for leaving: _____

***Please enclose your check for \$100.00 (per family), payable to NAM to hold your child(ren)'s place.**