

POLISH SCHOOL - PATRON  
P.O. BOX 1714  
CLIFTON, NJ 07015  
tel: 201-403-4309  
[www.psclifonnj.com](http://www.psclifonnj.com)

**STUDENT'S REGISTRATION FORM 2009-10**  
(please type or print)

Student's first and last name	date of birth (month / day / year)	grade completed	Payment (with insurance)* One Time / Two Installments
1.			\$290 / \$160 + \$130
2.			\$270 / \$150 + \$120
3.			\$200 / \$115 + \$85

Parents' names: .....

Home phone numbers: ..... Mobile phone numbers: .....

Address: .....  
(City, State, Zip Code)

E-mail: .....

Please specify who picks up the child(ren): .....

I agree\*    I do not agree \*   \* no check mark is equivalent to the "I accept" option

to have my child's / children's works and pictures taken while at school or in school-related performances or shows and posted on the website, in newspapers and/or other publications.

.....  
**parent's (s') signature**

\* The payment consists of tuition and an insurance fee.

\* Payments can also be partial. The first payment is due through the end of September 2008 and the second payment is due through the end of January 2009.

We will be assessing an additional fee of \$5 per week to the payments made after the due date.