



JOHN F. KENNEDY CATHOLIC SCHOOL
INTENT TO RETURN
2010-2011

My child/children will be returning to John F. Kennedy Catholic School for the 2010-2011 school year. Please reserve a space for my child/children.

Last Name	First Name (no nicknames)	Grade 10-11
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

_____ Deposit: Cash Check
 Parent's Name (PLEASE PRINT)

_____ Date
 Parent Signature

I regret my child/children will not be returning for the 2010-2011 school year. Please indicate reason for leaving

- | | |
|---|---|
| <input type="checkbox"/> Class Size
<input type="checkbox"/> Financial
<input type="checkbox"/> Relocation
<input type="checkbox"/> Student issues (bullying)
<input type="checkbox"/> Family Circumstances | <input type="checkbox"/> Dissatisfaction with education program
<input type="checkbox"/> Dissatisfaction with teachers
<input type="checkbox"/> Dissatisfaction with administration
<input type="checkbox"/> Educational needs
<input type="checkbox"/> Other _____ |
|---|---|

_____ Phone
 Family Name (PLEASE PRINT)

_____ Date
 Parent Signature

PLEASE RETURN THIS FORM BY March 30th