



ST. MICHAEL THE ARCHANGEL REGIONAL SCHOOL

51 West North Street, Clayton, New Jersey 08312 • 856-881-0067 • www.smrsonline.com

2022-2023 Fundraising Enrollment Form (Please Print)

Child's Last Name: _____ Child's First Name _____
Address: _____ City: _____ Zip: _____
Phone Number: _____ Alternate Phone Number: _____
Email: _____ Alternate Email: _____
Grade of Youngest or Only Child: _____

PLEASE NOTE

- Only families who complete a Fundraising Enrollment Form may participate in earning rebates/credits through Fundraising Committee Activities.
- Tracking of credits earned begins the 1st of July preceding the school year your child(ren) are enrolled or when your enrollment form is submitted, whichever last occurs.
- Complete this Fundraising Enrollment Form, even if you were enrolled in the previous school year.
- Return completed Fundraising Enrollment Form to St. Michael the Archangel Regional School, Attention: Advancement.
- If you chose NOT to participate in Fundraising Committee activities, please consider a tax-deductible donation to assist St. Michael in meeting its operating budget and help keep out of pocket tuition costs down.

Please forward your donation of \$100, \$250, \$500, other _____, made payable to St. Michael the Archangel Regional School to the attention of Advancement.

We thank you for your continued support of our school!

Parent Signature: _____ Date: _____

Family Code: _____

*NOTE: Your Family Code is the first three letters of your last name and last 4 digits of your phone number.
Please use your child(ren)'s last name if different from your own.*