

SACRED HEART SCHOOL - 360 W. WORKMAN ST. COVINA, CA 91723

FAMILY NAME _____

CHILD'S NAME _____ GRADE _____

Tuition Cash Check# _____ Amount _____

Fund. Req. Cash Check# _____ Amount _____

Day Care Cash Check# _____ Amount _____

Month _____ Date _____ Total _____

Late fee \$25.00 per each category

Return check fee \$15/\$25 included

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