

CLASS CARD (1 FOR EACH CHILD) 2019-2020

CIRCLE GRADE

PS 3 AM

PS 4 ALL DAY

PS 4 AM

K 1 2 3 4 5 6 7 8

PS 3/4/PM

NAME OF STUDENT _____
(LAST) (FIRST)

ADDRESS _____
STREET CITY/ZIP

TELEPHONE _____ BIRTH _____
(AREA CODE MONTH, DAY, YEAR

What public school would your child attend if he/she did not attend St. Celestine?

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