

Student's Name \_\_\_\_\_

Current Grade Level \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Complete the registration form and send it together with full payment (checks made payable to St. Mary's Dominican High School) to the Guidance Department by May 19, 2017. Questions can be directed to Mrs. Suzanne Ladmiraault at (504) 518-5042, or [sladmiraault@stmarysdominican.org](mailto:sladmiraault@stmarysdominican.org)**