

DIOCESAN SCHOOL REGISTRATION FORM

Please fill out and, together with your payment, mail to:
The Episcopal Diocese of SE Florida
525 NE 15th Street, Miami, FL 33132
Attn: James Carlton

Name: _____

Home Address: _____

E-mail address: _____

Telephone no. _____

Home Parish: _____

Semester/Year for which you are registering (ie, Fall 2009) _____

Courses for which you are registering:

1. _____

2. _____

3. _____

4. _____

Are these classes for credit or audit? _____

The cost per course is \$100. Please make your check payable to
“The Episcopal Diocese of SE Florida” and in the memo line
of your check note **“Diocesan School”**