



St. Regis

ACADEMY *Catholic Classical Education*

Return to the Academy Office by Friday, August 7th

Scholar Name: _____

I plan for my child to attend the first quarter of the 2020-2021 academic year in the following manner:

_____ **Option A:** Face-to-Face Model (Waiver must be submitted in addition to this form)

_____ **Option B:** Distance-Learning

Parent Signature: _____ Date: _____

Name (printed): _____