



St. Joan of Arc C.S.S.

3801 Thomas Street,
Mississauga, Ontario L5M 7G2

REGISTRATION PAYMENT FORM

Homeroom Teacher (Sem 1) _____

STUDENT SURNAME
(please print)

FIRST NAME
(please print)

\$ _____
AMOUNT

METHOD OF PAYMENT (Check one only):

Cash

Debit.....please see Main Office before handing in Registration Package

Credit Card.....please complete the following only if paying by Credit Card:

MasterCard

Visa

Card Number:

Expiry Date
M M Y Y

Cardholder's name as on Card
(please print clearly)

Cardholder's signature

Email Address: _____