

ST. JOHN FISHER SCHOOL REGISTRATION FORM

STUDENT NAME: LAST _____ FIRST _____ MIDDLE _____ GRADE LEVEL/2008-09 _____

DATE OF BIRTH: _____ PLACE OF BIRTH: _____ RELIGION _____ GRADE ENTERED SJF _____

STUDENT LIVES WITH: _____ BOTH PARENTS _____ GUARDIAN
_____ MOTHER _____ STEPFATHER _____ JOINT CUSTODY
_____ FATHER _____ STEPMOTHER

IS THE PARENT AN ALUMNUS OF SJF SCHOOL? ___ NO ___ YES/YEARS: _____ NAME WHILE ATTENDING: _____

FATHER'S NAME: LAST _____ FIRST _____ MI _____ RELIGION _____

HOME ADDRESS: _____ CITY/ZIP: _____ HOME PHONE : _____

FATHER'S E-mail ADDRESS: _____ CELL #: _____

EMPLOYER NAME: _____ POSITION: _____ WORK PHONE: _____

MOTHER'S NAME: LAST _____ FIRST _____ MI _____ RELIGION _____

HOME ADDRESS: _____ CITY/STATE/ZIP: _____ HOME PHONE : _____
(If Different Than Above)

MOTHER'S E-mail ADDRESS: _____ CELL #: _____

EMPLOYER NAME: _____ POSITION: _____ WORK PHONE: _____

STEPPARENT NAME (If Applicable): LAST _____ FIRST _____ MI _____ RELIGION _____

EMPLOYER NAME: _____ POSITION: _____ WORK PHONE: _____

NAME & GRADE LEVEL OF SIBLINGS REGISTERING TO ATTEND ST. JOHN FISHER DURING THE 2008-09 SCHOOL YEAR:
CELL #: _____

NAME: _____ GRADE: _____ NAME: _____ GRADE: _____

NAME: _____ GRADE: _____ NAME: _____ GRADE: _____

NAME & AGE OF OTHER SIBLINGS: _____

TRANSFER INFO: FROM WHICH SCHOOL IS THE STUDENT TRANSFERRING? _____ REASON (REQUIRED) : _____

NAME OF YOUR PARISH: _____ ARE YOU REGISTERED? YES _____ NO _____ ENVELOPE # _____

*NOTE: In order to be eligible to receive the parish tuition subsidy, a family must be formally registered and participating with SJF Parish by 12/31/07.

DO YOU ANTICIPATE REQUESTING FINANCIAL AID? NO _____ YES _____ POSSIBLY _____

--> NOTE: ALL REGISTRANTS MUST COMPLETE THE OTHER SIDE OF THIS FORM. <--

***** FOR OFFICE USE ONLY *****

\$50.00 APPLICATION FEE: NEW FAMILIES ONLY Check # _____

(NON-REFUNDABLE) TEXT/REGISTRATION FEE*: \$200.00 PER CHILD *DUE BY MARCH 31, 2008, ONCE ENROLLMENT HAS BEEN OFFICIALLY CONFIRMED

PAID BY: CHECK # _____ CASH _____ CREDIT CARD # _____ DATE _____
(VISA, DISCOVER, MC. AMERICAN EXPRESS)

SIGNATURE _____ P NP

--> THE FOLLOWING INFORMATION IS NECESSARY IN ORDER TO PROCESS YOUR REGISTRATION. <--

