

ST. JOHN FISHER SCHOOL REGISTRATION FORM

STUDENT NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_ GRADE LEVEL/2010-2011 \_\_\_\_\_

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: \_\_\_\_\_

CELL #: \_\_\_\_\_

NAME & GRADE LEVEL OF SIBLINGS REGISTERING TO ATTEND ST. JOHN FISHER DURING THE 2010-2011 SCHOOL YEAR:

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 financially participating with SJF Parish by 12/31/09.

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, 2010, ONCE ENROLLMENT HAS BEEN OFFICIALLY CONFIRMED

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

SIGNATURE P NP

