

ST. JOHN FISHER SCHOOL REGISTRATION FORM

STUDENT NAME: LAST _____ FIRST _____ MIDDLE _____ GRADE LEVEL/2012-2013 _____

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: _____

EMAIL ADDRESS: _____ CELL #: _____

NAME & GRADE LEVEL OF SIBLINGS REGISTERING TO ATTEND ST. JOHN FISHER DURING THE 2012-13 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 : _____

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 12/31/11.

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 PER APPLICANT APPLICATION FEE: NEW FAMILIES ONLY Check # _____

(NON-REFUNDABLE) TEXT/REGISTRATION FEE*: \$200.00 PER CHILD *DUE BY MARCH 30, 2012 ONCE ENROLLMENT HAS BEEN OFFICIALLY CONFIRMED

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

SIGNATURE P NP

