



# St. Joan of Arc Parish School Registration Form - 2023-2024 School Year

(For all NEW STUDENTS please complete back page of this form)

Parent Name:	Parent Name:
Address:	Address:
Phone:	Phone:
Email:	Email:
Parish Membership:	Parish Membership:

Name of Student	Birth Date	Grade (for 2023-24 school year) <i>*3K &amp; 4K indicate Full or Half Day</i>

## Tuition Rates for the 2023-2024 School Year

St. Joan of Arc & St. Catherine of Alexandria	Parishioner Rate	Non-Parishioner Rate
Half Day Kindergarten (3k or 4k)	\$3,050	\$4,240
One Child (includes full day 3K and 4K)	\$4,050	\$6,500
Two Children	\$7,490	\$11,000
Three Children	\$10,330	\$17,850
Four children	\$12,560	\$22,000

\_\_\_\_\_ Financial grants are available. Check if you are interested in a grant application.

### Your registration fee payment must be submitted with this form.

- \$75 per child, maximum of \$200 per family (if received on or before 2/28/23)
- \$150 per child, maximum of \$400 per family (if received after 2/28/23)

\$75.00 per  
student supply  
fee payable  
August 15, 2023

Please make your check payable to: St. Joan of Arc Parish School. Registration forms submitted without the required deposit will not be accepted, except in cases of financial hardship. After March 1<sup>st</sup> a Tuition Payment Contract for the 2023-2024 school year will be mailed to each registrant. Contract must be signed and returned to guarantee your child/children's enrollment.

\_\_\_\_\_  
Signature of One Parent

\_\_\_\_\_  
Date

.....  
FOR OFFICE USE

Parish ID \_\_\_\_\_ Date Received \_\_\_\_\_ Check No. \_\_\_\_\_ Amount \_\_\_\_\_

## NEW STUDENT INFORMATION SHEET

Please request additional copies for multiple students

Student Name \_\_\_\_\_  
Last First Middle

City & State of Birth \_\_\_\_\_ Public District of Residence \_\_\_\_\_

**A notarized copy of the Birth Certificate is:** \_\_\_\_\_ Presented w/application \_\_\_\_\_ Will Follow

**Copy of Court Order/Divorce Decree (if applicable)** \_\_\_\_\_ Attached

Religion \_\_\_\_\_ Has the student been baptized? (Y/N) Date of Baptism \_\_\_\_\_

Place of Baptism \_\_\_\_\_  
Church City, State

**A copy of the Baptismal Certificate is:** \_\_\_\_\_ Attached \_\_\_\_\_ On file \_\_\_\_\_ Will Follow

School last attended \_\_\_\_\_  
Name City, State

**Most recent report card** \_\_\_\_\_ Attached **Health & Immunization Records** \_\_\_\_\_ Attached

### Father

Religion \_\_\_\_\_ Occupation \_\_\_\_\_

### Mother

Maiden Name \_\_\_\_\_ Religion \_\_\_\_\_ Occupation \_\_\_\_\_

State any specific health conditions (diabetes, seizures, allergies, heart, etc.) and give instructions for emergency care. List any recommended restrictions from normal school activities.

List any special needs (educational, physical or emotional):

List any previous testing or special education classes:

Significant family data if helpful to know: