



Registration for 2023 – 2024 Returning Students

A non-refundable \$200 registration fee per student, payable to St. Joseph School, must accompany this form. *This fee is waived for students enrolling in the Private School Choice Program.*

This form is for returning 5K - 8th graders. One form is required per family. 3K and 4K forms are available upon request.

Child(ren)'s Information

Name of Child: _____ DOB: ____/____/____ Grade: ____
(Last) (First) (Middle)

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(Last) (First) (Middle)

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(Last) (First) (Middle)

Name of Child: _____ DOB: ____/____/____ Grade: ____
(Last) (First) (Middle)

Will your child be bussed? Yes / No / Still Deciding

Are you considering using our after-school kids (ASK) program? Yes / No / Still Deciding

Father's Information

Name of Father: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (Zip)

Daytime Phone: (____) _____ Circle: Mobile / Home / Work Email: _____

Place of Employment: _____ Occupation: _____ Religion: _____

Mother's Information

Name of Mother: _____
(Last) (First) (Middle) (Maiden)

Address: _____
(Street) (City) (Zip)

Daytime Phone: (____) _____ Circle: Mobile / Home / Work Email: _____

Place of Employment: _____ Occupation: _____ Religion: _____

PRIMARY PLACEMENT OR CUSTODY (please provide the court documentation upon acceptance)

Parents are (circle one): Married / Divorced / Separated / Remarried / Widowed / Unmarried

Individual with whom the child primarily lives (circle one): Both parents / Father / Mother / Other: _____

Does the parent with whom the child does not live have any court restrictions on his/her parental rights? Yes / No

If the child lives with the remarried parent, is the parent's spouse the adoptive parent? Yes / No

Additional Information

Are there any other special circumstances concerning your child(ren) that we should be made aware of? _____

Please list all other children in the family from birth to age 18 living at the child's address:

(Last)	(First)	(Middle)	(Date of Birth)	(M/F)
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(Last)	(First)	(Middle)	(Date of Birth)	(M/F)
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(Last)	(First)	(Middle)	(Date of Birth)	(M/F)
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(Last)	(First)	(Middle)	(Date of Birth)	(M/F)
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I am a registered parish member of: (Circle one): St. Joseph Congregation / Other: _____

Did either parent attend St. Joseph Catholic School? (Circle all that apply): Yes, Mother / Yes, Father / No

Notice of Change in Tuition Billing

Unlike prior years, the first tuition payment will be due August 31, regardless of which payment method you choose. Please see attached tuition flyer for 2023-2024 rates and information about our new tuition management system, FACTS.

Acknowledged by: _____ (please initial)

Acknowledgement

By signing below, I acknowledge the information in this form is accurate. I understand registration, placement and continued study are dependent upon accommodating religious, educational and behavioral needs of my child.

_____ Date: _____

(Signature)

(Print name)

Office Use Only

☐ Received registration form, date: _____

☐ Received registration fee:

☐ Cash, receipt provided, date: _____

☐ Check #: _____, date: _____

☐ Not Applicable

☐ Birth certificate information on file

☐ Status: