

ST JOSEPH SCHOOL, SYLVANIA 2016-2017 REGISTRATION FORM

BIRTH CERT _____
BAPTISMAL CERT _____
RECORDED _____

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STUDENT INFORMATION

LAST	FIRST	MIDDLE	GENDER	DOB	*ETHNIC DESCRIP. <small>SEE BELOW</small>	GRADE LEVEL AUG. 2016	RELIGION OF STUDENT	HAS HE/SHE BEEN BAPTIZED? NAME OF CHURCH: DATE:
								CHURCH
								DATE
								CHURCH
								DATE
								CHURCH
								DATE
								CHURCH
								DATE

ORIGINAL BIRTH CERTIFICATES AND BAPTISMAL CERTIFICATES MUST BE PRESENTED AT TIME OF REGISTRATION. REGISTRATIONS WILL NOT BE ACCEPTED WITHOUT THESE DOCUMENTS.
 ORIGINAL CERTIFICATES WILL BE RETURNED ONCE OUR STAFF HAS COPIED AND RECORDED ORIGINALS.

*ETHNIC DESCRIPTION	(1) ASIAN	(2) PACIFIC ISLANDER	(3) WHITE, NON HISPANIC (INC. MIDDLE EAST)	(4) HISPANIC	(5) BLACK, NON HISPANIC	(6) MULTI-RACIAL	(7) AMERICAN INDIAN OR ALASKAN NATIVE
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STUDENT ADDRESS	CITY	STATE	ZIP	HOME PHONE (PRIMARY)	HOME EMAIL (PRIMARY)
PLEASE MAKE CORRECTIONS IF ANY					

**HOME PHONE WILL BE THE DEFAULT NUMBER FOR HONEYWELL ALERT, PARENTS MAY CHANGE THEIR PROFILE USING THE ALERT SETTINGS, **
 HOME EMAIL WILL BE DEFAULT EMAIL FOR THURSDAY ENVELOPE REMINDERS

PARENT INFORMATION: LAST, FIRST, M.I. (WITH WHOM THE STUDENT RESIDES)			CELL PHONE	WORK PHONE
RELATIONSHIP <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> STEP-FATHER <input type="checkbox"/> STEP-MOTHER <input type="checkbox"/> _____ LEGAL GUARDIAN	COMPANY/ BUSINESS	OCCUPATION		
RELIGION:	REGISTERED MEMBER OF ST. JOSEPH SYLVANIA? <input type="checkbox"/> YES <input type="checkbox"/> NO	REGISTERED MEMBER OF OTHER PARISH? IF YES, NAME OF PARISH:		

PARENT INFORMATION: LAST, FIRST (WITH WHOM THE STUDENT RESIDES)			CELL PHONE	WORK PHONE
RELATIONSHIP <input type="checkbox"/> FATHER <input type="checkbox"/> MOTHER <input type="checkbox"/> STEP-FATHER <input type="checkbox"/> STEP-MOTHER <input type="checkbox"/> _____ LEGAL GUARDIAN	COMPANY/ BUSINESS	OCCUPATION		
RELIGION:	REGISTERED MEMBER OF ST. JOSEPH SYLVANIA? <input type="checkbox"/> YES <input type="checkbox"/> NO	REGISTERED MEMBER OF OTHER PARISH? IF YES, NAME OF PARISH:		

NON CUSTODIAL PARENT INFORMATION: (WITH WHOM THE STUDENT DOES NOT RESIDE) LAST, FIRST				HOME PHONE	CELL PHONE
ADDRESS	CITY	STATE	ZIP	LIST IN DIRECTORY? Yes/No	
EMAIL ADDRESS					

IMPORTANT: IF YOU WISH ANY DIRECTORY INFORMATION ELIMINATED FROM THE STUDENT / PARENT HANDBOOK, PLEASE INDICATE HERE:

EMERGENCY CONTACTS:		
NAME	PHONE	RELATIONSHIP
1.		
2.		

STUDENT MEDIA RELEASE FORM	
<input type="checkbox"/> I GIVE PERMISSION <input type="checkbox"/> I DO NOT GIVE PERMISSION FOR MY CHILD'S/CHILDREN'S NAME, IMAGE OR VIDEO TO BE USED IN SCHOOL OR PARISH PUBLICATIONS AND/ OR SCHOOL OR PARISH SOCIAL MEDIA / WEBSITE. THE CHILD'S NAME MAY OR MAY NOT APPEAR WITH THE IMAGE OR VIDEO.	
PLEASE REVIEW ALL INFORMATION ON THIS FORM AND VERIFY THAT ALL INFORMATION IS CORRECT BY SIGNING BELOW	
I verify that all information given is correct and accurate. In the event of any changes that would affect this information, I will contact the school to make the appropriate updates.	
PARENT SIGNATURE: _____	DATE: _____

ST. JOSEPH SCHOOL REGISTRATION FORM	
<u>TUITION AGREEMENT</u>	
IN ORDER TO QUALIFY A STUDENT FOR A PARISHIONER SCHOLARSHIP AND PARISH-SUBSIDIZED TUITION RATE, YOU MUST MEET THE FOLLOWING CRITERIA, AND AGREE AND COMMIT TO THE FOLLOWING: <ul style="list-style-type: none"> • AT LEAST ONE (1) PARENT AND ALL CHILDREN ATTENDING ST. JOSEPH SCHOOL MUST BE CATHOLIC AND CURRENTLY REGISTERED IN THE PARISH. • WORSHIP REGULARLY (WEEKLY) AS A FAMILY AT ST. JOSEPH. • CONTRIBUTE TO THE SUPPORT OF THE PARISH TO THE BEST OF YOUR ABILITY. 	
WHILE NOT REQUIRED IN ORDER TO QUALIFY FOR THE PARISHIONER SCHOLARSHIP/ PARISH SUBSIDIZED TUITION RATE, BEING INVOLVED IN THE ACTIVITIES OF THE PARISH AND SCHOOL AS A VOLUNTEER IS STRONGLY ENCOURAGED.	
TUITION SCHEDULE (CHECK ONE)	
<input type="checkbox"/> TUITION WITH PARISHIONER SCHOLARSHIP	<input type="checkbox"/> TUITION WITHOUT PARISHIONER SCHOLARSHIP
TUITION PAYMENT PLAN (CHECK ALL THAT APPLY)	
1. <input type="checkbox"/> I WILL PAY MY TUITION IN FULL BY JULY 1, 2016. 2. <input type="checkbox"/> I WISH TO PARTICIPATE IN THE ST. JOSEPH MONTHLY TUITION PLAN. PLEASE SEND ME A PAYMENT CONTRACT. (PLEASE NOTE: A NEW CONTRACT NEEDS TO BE SIGNED EACH YEAR AND WILL BE FORWARDED UPON MAKING THIS SELECTION) 3. <input type="checkbox"/> I AM INTERESTED IN SEEKING FINANCIAL ASSISTANCE FOR THE 2016-2017 SCHOOL YEAR. (SEE ENCLOSURE, APPLICATION DEADLINE IS APRIL 30, 2016.)	
NAME OF FINANCIALLY RESPONSIBLE PARENT/GUARDIAN	
PRINT NAME _____	
SIGNATURE _____	DATE _____
** DUE FEBRUARY 19, 2016 **	

(FOR OFFICE USE ONLY)

STUDENT NAME	GRADES K-8	TUITION	ACTIVITY FEE	WORKBOOK FEE	STUDENT TOTAL
					\$
TOTAL					\$

FA _____
SCRIP _____
SCHOL _____
SCHOL _____
PPLAN _____