

St. Joseph Catholic School Registration

For office use only

Referred by: _____

2016-2017

[Empty box for office use]

IMPORTANT: THE ENTIRE REGISTRATION FORM MUST BE FILLED OUT COMPLETELY. DO NOT SKIP ANY QUESTIONS AS WE NEED THIS INFORMATION FOR REPORTING PURPOSES. THE FORM WILL NOT BE VALID UNLESS ALL INFORMATION IS RECEIVED. THANK YOU!

Family Last Name: _____

(Father's Name)

(Mother's Name)

(Home address)

(City)

(Zip code)

Home Phone: _____ Current E-mail for School Communication : _____

**All correspondence will be through e-mail. Please make sure the above e-mail address is the one you want information to go to.

School District you reside in: _____

Transportation to School: <input type="checkbox"/> Car drop off <input type="checkbox"/> Bus <input type="checkbox"/> Walk Name of other after school care: _____	Transportation from School: <input type="checkbox"/> Car pick up <input type="checkbox"/> Bus <input type="checkbox"/> Walk <input type="checkbox"/> Cardinal Care(After School Care)
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Racial/Ethnic Origin (mark all that apply): <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Other _____	<input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Asian
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List Children and Grades for 2016-2017

1) _____ D.O.B _____ Grade _____

Sex (M/F) _____ Birth city/state _____ Birth Country _____

Name of School last attended: _____ Is this child Catholic: Yes _____ No _____

2) _____ D.O.B _____ Grade _____

Sex (M/F) _____ Birth city/state _____ Birth Country _____

Name of School last attended: _____ Is this child Catholic: Yes _____ No _____

3) _____ D.O.B _____ Grade _____

Sex (M/F) _____ Birth city/state _____ Birth Country _____

Name of School last attended: _____ Is this child Catholic: Yes _____ No _____

4) _____ D.O.B _____ Grade _____

Sex (M/F) _____ Birth city/state _____ Birth Country _____

Name of School last attended: _____ Is this child Catholic: Yes _____ No _____

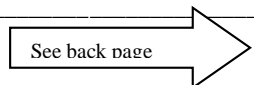
5) _____ D.O.B _____ Grade _____

Sex (M/F) _____ Birth city/state _____ Birth Country _____

Name of School last attended: _____ Is this child Catholic: Yes _____ No _____

Have any of the above students been retained? _____ If so who, and which grade: _____

Does your child need special accommodations to the regular school program in order to be successful in school? If yes, how? _____



FOR KINDERGARTEN ONLY:

Did your child attend a pre-school program:_____ If yes, where:_____

Allergy Information

Are there any food or environmental allergies we need to be aware of: No_____ Yes Please explain _____

PARENT OR GUARDIAN INFORMATION:

Father's/Guardian's Workplace:_____ Work Phone:_____

Fathers Cell Phone:_____ Fathers Religion:_____

Mother's/Guardian's Workplace:_____ Work Phone:_____

Mothers Cell Phone:_____ Mothers Religion:_____

If one or more parents are Catholic, which Parish do you belong to?:_____

Is there a custody concern regarding this child?	Yes_____	No_____
Is there a current court order concerning this child?	Yes_____	No_____
Child lives with: Both Parents_____		
Custody: Joint_____ Mother_____ Father_____ Other _____		
NOTE: Michigan statute provides that both parents have equal rights and access to their child and his/her school records, unless a court order states differently. Copy of Court Order required.		

SIBLING INFORMATION FOR FUTURE PLANNING

(Please list any siblings at home and their birthdates)

1. _____ D.O.B. _____

2. _____ D.O.B. _____

3. _____ D.O.B. _____

4. _____ D.O.B. _____

TUITION PAYMENT - All Tuition and fees are paid through FACTS Tuition Management Program. Please sign up on our St. Joseph School website www.stjosephschooltrenton.com and click on the FACTS icon. Payment plans may be chosen when you sign up for FACTS. Payment withdrawals may be chosen for either the 5th or 20th of the month. We offer a 2% discount for full tuition payment made by August 15. Non-refundable Registration fee of \$150.00 per family will be deducted from your account upon registration for the 2016-2017 school year.

For our returning families, please return this registration form by January 27, 2016. The non-refundable \$150.00 Registration fee will be withdrawn from your FACTS account one week after registration form has been turned in.

BUS SERVICE (Please contact our Bus Driver, Mrs. Holly Johnson at 734-231-2099. We need to confirm your area is in our bus route.)

One Way: A.M._____ P.M._____ Both Ways: _____

Be it known that all new students coming into St. Joseph Catholic School are automatically on probation the first year.

State law requires that each student entering a new school have a physical, bring in an original birth certificate, and immunization record prior to attendance. If your child is Catholic, we will need a copy of their Baptismal certificate, and or First Communion certificate.

By registering my child(ren) at St. Joseph School, I/We agree to pay all tuition and fees in full for the 2016-2017 school year and abide by the St. Joseph School Handbook .

Signature of Parent/Legal Guardian Date

Signature of Parent/Legal Guardian Date