

Mother Elaine Moorcroft, S.C.M.C Principal

SAINT JOHN CATHOLIC SCHOOL 42 MAYNARD RD OLD SAYBROOK, CT 06475

Phone: 860-388-0849 / Fax: 860-388-6265

Re-Registration 2025-26

Grades: K-8

	\$75 Per Student (Non-Refundable) – Due: February 28, 2025
	As of March 1, 2025 - \$100 Per Student (Non-Refundable)
/ou may place all children's	names on the same form and send one shock

You may place all childr	ren's names on the same form	and send one check.		Grade Entering
Name:			☐ Male ☐ Female	Grade:
Last	First	Middle		
Name:			☐ Male ☐ Female	Grade:
Last	First	Middle		
Name:			☐ Male ☐ Female	Grade:
Last	First	Middle		
Address, City, State, Zip):			
_	o Saint John Catholic School	_	ning to Saint John Catholic	
riease flote reason		riease note reason		
	<u>FAM</u>	ILY INFORMATION		
Father's Name: Cell Number:				
Mother's Name: Cell Number:				
MARITAL STATUS: Ma	arried Divorced Other			
Child lives with: Both	Parents Together	nts Separately	r 🗌 Father 🗌 Guardian	/ Other
Race or ethnicity:	African American Hispanic	Asian Native Americ	Caucasian Multiracial	
Primary Language Spok	en at Home:			
	TUITION/	PARISH INFORMATION		
Payment to be made by: Pay in Full on or before August 1 st			Use F	acts Tuition Plan
All families need to enr	oll in the FACTS Tuition Manag	ement System, even if y	ou are paying in full.	
St. Pio Parishioner 🔲 ՝	Yes No Diocese of N	Norwich Parish	No Non-Catholic	: Yes No
Env. #	Name of Pari	sh		
Parent Signature:			Date:	