

SAINT JOSEPH PARISH SCHOOL Est. 1924

ENROLLMENT AGREEMENT

APPLICATION FOR REGISTRATION

Required for Kindergarten - Grade 8 Please submit form with application fee

APPLICANT (STUDENT) INFORMATION

All information must be completely filled-in before accepted

				1			
FIRST NAME	LAS	ST NAME		MIDDLE NAME		NICKNAME (IF PREFERRED)	
MALE FEMALE	1						
DATE	EOFBIRTH (MM/DD/YYY	Y) GRAD	DELEVEL				
			I		I		
HOME STREET			CITY		STATE	ZIP	
WITH WHOM DOES THE STUDENT PRIN (CHECK ALL THAT APPLY) BACE / ETHNICITY:	MARILYRESIDE?	MOTHER OTHER (PLEA	FATHER SE EXPLAIN)	LEGAL GUARDIAN			
AOL / LITINIOTT .							
AFRICAN AMERICAN/BLACK ELIGION: CATHOLIC NON-CATHOLIC	ASIAN AMERICAN	CAUCASIAN/WHI	REFFERAL:		JT SAINT JOSEPH SCHOOL	ACIFIC ISLANDER OTHER AND WHAT LED TO YOUR DECISION TO YOUR CHILDREN?	CHOOSE
WHAT PUBLIC SCHOOL DISTRICT WO	ULD THE STUDENT ATTI	END IF THEY WERE	NOT ENROLLED AT SAII	NT JOSEPH SCHOOL?			
AMILY INFORMA	TION						
AMILI IMI OKMI	ATION						
		Ms	1				
	MRS.	MS.	FULL NAME			1	
MOTHER DR.		MS.	FULL NAME		 STATE	 ZIP	
MOTHER DR.		MS.			STATE	 ZIP	
MOTHER DR. HOME STREET CELL PHONE	☐ MRS.		CITY		EMAIL	 ZIP	
MOTHER DR. HOME STREET CELL PHONE OCCUPATION	☐ MRS.	MS.	CITY			 ZIP	
MOTHER DR. HOME STREET CELL PHONE CCCUPATION FATHER	☐ MRS.		CITY		EMAIL	 ZIP	
MOTHER DR. HOME STREET CELL PHONE DCCUPATION	MRS. WORK PHONE		CITY		EMAIL	 ZIP	
MOTHER DR. HOME STREET DELL PHONE DOCCUPATION FATHER DR.	MRS. WORK PHONE		CITY HOME PHONE		EMAIL	 ZIP ZIP	
MOTHER DR. HOME STREET DELL PHONE DOCCUPATION FATHER DR. HOME STREET	MRS. WORK PHONE		CITY HOME PHONE FULL NAME		EMAIL EMPLOYER		
MOTHER DR. HOME STREET CELL PHONE DOCCUPATION FATHER DR. HOME STREET	MRS. WORK PHONE MR.		CITY HOME PHONE FULL NAME		EMAIL EMPLOYER		
MOTHER DR. HOME STREET CELL PHONE DOCCUPATION FATHER DR. HOME STREET CELL PHONE DCCUPATION	MRS. WORK PHONE MR. WORK PHONE	 TITLE	CITY HOME PHONE FULL NAME		EMAIL EMPLOYER		
MOTHER DR. HOME STREET CELL PHONE DOCCUPATION FATHER DR. HOME STREET CELL PHONE DCCUPATION	MRS. WORK PHONE MR. WORK PHONE	 TITLE	CITY HOME PHONE FULL NAME		EMAIL EMPLOYER		
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MOTHER DR. HOME STREET CELL PHONE DOCCUPATION FATHER DR. HOME STREET CELL PHONE DOCCUPATION ARITAL STATUS: (CHECK ALL THAT A) PARENTS ARE MARRIED AND L PARENTS ARE DIVORCED* *a copy of the divorce decree p	MRS. WORK PHONE MR. WORK PHONE APPLY) IVING TOGETHER Devertaining to the child in	TITLE TITLE PARENTS ARE SINGLE PARE	FULL NAME CITY HOME PHONE FULL NAME CITY HOME PHONE	MOTHER IS REMARRIED	EMAIL EMPLOYER STATE EMAIL EMPLOYER NAME OF STEPFAT	ZIP	
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PARISHIONER STATUS

lease select one: ACTIVE PARISHIONER OF SAINT JOSEPH PARISH			
Membership: Registration is the first step to becoming a worshipping at Sunday Mass and a healthy participation			ing active includes
I/We also agree to support Saint Joseph School through and special school needs.	nactive participation with school progra	ms, specialevents, fund	-raising programs,
			I
PARENT/GUARDIAN SIGNATURE	ENVELOPE NUMBER	DATE (MM/DD/YYYY)	
NON PARISHIONER / NON-ACTIVE PARISHIONER			
As a non-parishioner or a non-active parishioner of Sain	t Joseph Parish. I will support the school	ol by teaching my child(re	n) Christian
As a non-parishioner or a non-active parishioner of Sain values and the importance of belonging to a Christian co		ol by teaching my child(re	n) Christian
· · · · · · · · · · · · · · · · · · ·	ommunity.		,
values and the importance of belonging to a Christian co I/We also agree to support Saint Joseph School through	ommunity.		,

TUITION

Class	Days/Times	Full Tuition \$4650	Tuition with St. Joseph Parish Scholarship \$3150
Grades K - 8	M – F 7:30 am – 2:15 pm	Payable in: 11 payments (July through May) \$422.73/month with a \$50 fee 2 payments between July and April - \$23250 each with a \$20 fee 1 payment by July 1 st - \$4650 with no fee	Payable in: 11 payments (July through May) \$286.36/month with a \$50 fee 2 payments between July and April - \$1575 each with a \$20 fee 1 payment by July 1 st - \$3150 with no fee
*NO TUITION	INCREASE FOR THE	22 22 CCHOOL VEAD	

*NO TUITION INCREASE FOR THE 22-23 SCHOOL YEAR.

NON-DISCRIMINATION POLICY – Admission to St. Joseph School in Amherst is in accordance with the laws of Ohio as well as the Cleveland Catholic Diocese. A student will be admitted to our school as determined by the age of child, appropriate evaluation, screening, and availability of space in the classroom as well as the discretion of the principal. No discrimination is made due to race, religion, or nationality.

Please return this completed form and the \$75 non-refundable application fee for each student.

FOR C	FFICE !	USE	ONLY
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TOTAL AMOUNT RECEIVED:

All FEES ARE NON-REFUNDABLE

FEES	NOTES	AMOUNT RECEIVED	CHECK#	CASH	OTHER
REGISTRATION FEE	\$75				

^{**}All payments are made through https://factsmgt.com/.

^{***}There is a \$75 non-refundable registration fee per student.