

APPLICATION FOR REGISTRATION
8
ENROLLMENT AGREEMENT
Required for K - 8th Grade

## **APPLICANT (STUDENT) INFORMATION**

Full Name :								
	First Name	elikopopun al-tria platekiri	Middle Na	ите	La	ist Name		
Address:	and the state of t	aller real resident and residence and an above an arrangement						
	City.	novaer aske versikkanse in eastellige sov movelygger	Germann German, Arm i Malain 190 e sabhannan cunaismhainn B B B B B B B B B B B B B B B B B B	State:	Zip	Code:	ted ( "	
Date of Birth:		The second secon			h whom does th dent primarily	e Mother	Father	
Gender:	Male Female			reside:		Legal Guardian	Other	
Grade Level				Rac	e/Ethnicity:	Asian		
Student's Religion:	Catho	lic	Non-Cat	holic		Caucasian/White	Hispanic/Latino	
Public School Disti	riet:					Native American	Pacific Islander	
Public School Build	dine:	Approximation (			- September 200	Multiracial	Other	
FAMILY INFO	ORMATION							
MOTHER:								
Full Name:						Mrs. Ms.	Dr.	
	First Name		Last	Name				
Address:								
	City:			State:	Zip	Code:		
Phone Number:			Er	nait:				
Occupation: FATHER:		Ti	itle:		En	nployer:		
Full Name :	First Name Last Name Dr.							
Address:		**Lahr-Editornua						
	City:	menen menengan penggapan kelangan kelangan kelangan beranggan beranggan beranggan beranggan beranggan berangga Beranggan beranggan		State:	Zip Ce	ode:		
Phone Number:			Em	ail:		rikan mili mar e diapanishi pidalamarin mengenahan ana pepupur Mili Karinda di Madagorah pepunun melipanjangkan pida angang bangan pada pada pada pada pada pada pada pa		
ecupation:	Title: Employer:							
PARENTS ARE: Check all that apply)	A company)	Living Toge		narried, Livi Parent	ng Together  Mother is Ren	Divorced *Copy of dec	ree must be provide is Remarried	
SUARDIAN: (if a	pplicable)				=			
pont						Mrs. Ms.	Dr.	
			1 4-6 64-4	10				
faculture :	First Name	t se makatimitis salikaliritarinalggilitgalasgosan yaga d	Last Nan			***************************************		
ull Name : ddress:	First Name	State:		p Code:		Phone:		

PARISHIC (PLEASE SELEC	ONER STATUS ET ONE)	5					
Registerii includes	worshipping at Sunda	ne first step to becom y Mass and a health			f Saint Joseph Parish. Being active tivities.		
ACTIVI	E PARISHIONER	OF ANOTHER C	ATHOLIC PARISH N	AME;			
NON-F	PARISHIONER						
					eing to support the school by teaching agree to be active in the parish/parish		
TUITION							
Class	Class Days/Times		Tuition Rate	Scholar	Scholarship/Tuition Assistance Opportunities		
Grades K-8			per student  n: ints (July through May) ints between July and Apr int by July 31st TION PAYMENTS ARE HROUGH AN PAYMENT SYSTEM CAL MANAGEMENT.	information office.			
THERE IS REGISTRA	the state of the state of the	EFUNDABLE I	REGISTRATION FEE	PER STUDEN	IT DUE AT THE TIME OF		
well as the Cle appropriate e	eveland Catholic I	Diocese. A stude ing, and availab	nt will be admitted to ility of space in the clo	our school as d	rdance with the laws of Ohio as etermined by the age of the child, l as the discretion of the principal.		
Parent/Guard Signature:	dian			Date:	1 . 1		
			OFFICE USE ONLY				
	FEES	DUE	AMOUNT RECEIVED	CHECK#	CASH OTHER		
Regi	Registration Fee						

SAINT JOSEPH PARISH SCHOOL 175 St. Joseph Drive Amherst, OH 44001 440-988-4244 (p) 440-988-5249 (f)

www.sjsamherst.org