

ST. JOSEPH CATHOLIC SCHOOL, CRESTLINE

REGISTRATION AGREEMENT

Academic Year 2023-2024

Student Name: _____

Parent/Guardian Information:

	MOTHER:	FATHER:
Parent Name		
Street Address		
City/State/Zip		
Phone(home)		
Phone (cell)		
Phone(work)		
Email addresses		

STUDENT INFORMATION	Male	Female	Birth Date	Grade Entering
Name(s) of Students				
1				
2				
3				
4				
Child/children live with (Circle) Father Mother Both				
School Last Attended:				
Copy of Birth Certificate on File (circle) Yes No				
How were you introduced to our school?				
Church Affiliation: Baptized Yes No				
EMERGENCY CONTACTS: (PLEASE LIST ADDITIONAL CONTACTS)				

Name:	Relationship to student:
Home#	Work # Cell#
Name:	Relationship to student:
Home#	Work # Cell#
Name:	Relationship to student:
Home#	Work # Cell#

Public School District in which you reside: _____

~ Students WILL NOT be released to anyone other than an authorized person unless instructions are given in writing by an authorized parent/guardian to a staff member.

~The following person(s) is/are authorized to pick up my child/children from school:

Name: _____ Relationship to student: _____

Name: _____ Relationship to student: _____

Please complete all information and review and sign reverse side.

Copy of each child's birth certificate, social security card, and immunization record must be on file by August 1, 2023.

Please complete all information and review and sign reverse side.

****Registration fee is due at the time of registration: \$50.00 first child, \$35.00 second child, \$25.00 third child.**

