

St. Joseph Catholic School

138 N. Liberty St., Galion, OH 44833 419-468-5436 office@sjsaints.org

K-8 School Registration 2019-2020 School Year (Submit to the school office by April 26)

- All children must have been born on or before August 1st, 2014
- \$100.00 non-refundable registration fee due at time of registration. This fee will be applied towards tuition *only if* all registration materials are submitted by April 26th.
- New students are required to:
 - Turn in a copy of birth certificate with this form
 - Turn in a copy of social security card with this form
 - Turn in a copy of vaccination records with this form
 - Schedule an interview with the principal and/or superintendent

Required Information *for Student Registration*

Full Name: _____
Nickname: _____
Gender: _____
Ethnicity: _____
Birthday: _____
Grade: _____
Social Security # _____

Church Affiliation, name and place: _____

If Catholic, Baptismal date and location: _____

Circle all that applies: child lives with mom - dad - grandparent - aunt - uncle - other _____

Does your student have an Individual Education Plan (IEP) or service plan? Yes No

Required Information *for both parents or legal guardian*

Name: _____

Please circle: father - mother - legal guardian

_____ father - mother - legal guardian

Address - street: _____

City, State, Zip: _____

County: _____

Cell Phone: _____

Cell Phone Provider: _____

Work Phone: _____

Occupation: _____

Employer: _____

Enclosed Amount: \$ _____ cash/check

Office Records: Date Received _____

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Name and address to whom correspondence should be mailed:

Circle the Marital Status of Parents: Single - Married - Divorced - Separated - Remarried

List anything special we need to know about your child's custody rights, health, behavior, etc.

School District in which child resides: _____

Will you use the public school bus service? _____

Will you use the private bus service from Bucyrus? _____

If transferring from another school, from which school? _____

SCHOOL USE ONLY

- | | |
|---|----------------|
| 1. Copy of Birth Certificate made. | Yes ___ No ___ |
| 2. Child's Medical Statement and health information form. | Yes ___ No ___ |
| 3. Student's Social Security number listed above. | Yes ___ No ___ |
| 4. Copy of baptismal record made. | Yes ___ No ___ |
| 5. In cases of divorce or separation, legal custody papers. | Yes ___ No ___ |

Office Records: Date Received _____

Enclosed Amount: \$ _____ cash/check