

**K-8 REGISTRATION FORM**

2018-2019



Last Name of Family \_\_\_\_\_ Parents' First \_\_\_\_\_

If any items below have changed since last year's re-enrollment, please make the needed changes. If no changes are needed, please check the box  , and write the name(s) and the grade(s) of the child(ren) that you are enrolling.

**Please sign the form at the bottom and return to the school office.**

Student 1 Information

Student 2 Information

Student 3 Information

Student 4 Information

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Grade entering

\_\_\_\_\_  
Grade entering

\_\_\_\_\_  
Grade entering

\_\_\_\_\_  
Grade entering

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Date of birth

\_\_\_\_\_  
Date of birth

Baptized?  
\_\_\_\_ yes \_\_\_\_ no

\_\_\_\_ yes \_\_\_\_ no

\_\_\_\_ yes \_\_\_\_ no

\_\_\_\_ yes \_\_\_\_ no

Church membership \_\_\_\_ St. John's Other \_\_\_\_\_

Parents' Names \_\_\_\_\_

Address: Father \_\_\_\_\_

Address: Mother (if different) \_\_\_\_\_

Phone: Father: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Phone: Mother: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: Father: \_\_\_\_\_

Email: Mother: \_\_\_\_\_

School District Name & Number in which the child resides: \_\_\_\_ Central 108 Other \_\_\_\_\_

K-8 REGISTRATION FEE of \$175.00, per student, must accompany this registration form. You may reduce this fee by \$25.00, per K - 8 student, if paid on, or before March 10<sup>th</sup>.

The PAYMENT OPTION FORM must be filled out and returned with this registration form.

\_\_\_\_\_  
Signature of parent or guardian