



**St. Joseph Catholic School**  
 1430 14<sup>th</sup> Street - Marion, Iowa 52302  
 319-377-6348 www.sjcsmarion.org

**PRESCHOOL THROUGH GRADE 8  
 REGISTRATION FORM 2018 - 2019**

Please complete, sign and return this registration form with the \$75 preschool and/or the \$75 K-8 per family non-refundable registration fee(s). Please make checks payable to St. Joseph Catholic School. Thank you!

**FAMILY INFORMATION**

Family Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
 Address \_\_\_\_\_ Mother's Name \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Daytime Phone(s): \_\_\_\_\_  
 Email Address: \_\_\_\_\_

(Please Mark One)

- Catholic - St. Joseph Parish Members  
 Catholic - Out of Parish  
 Please indicate the Parish in which you are presently registered.  
 \_\_\_\_\_  
 Non-Catholic

Public School District \_\_\_\_\_

**STUDENT INFORMATION**

Full Legal Name:	Birthdate	Grade 2018-2019 (PS-2, 3 or 5 day, K, 1-8)	Returning/ New		Gender M/F		Ethnicity* (see below)				
			R	N	M	F	W	H	B	A	AN
_____	_____	_____	R	N	M	F	W	H	B	A	AN
_____	_____	_____	R	N	M	F	W	H	B	A	AN
_____	_____	_____	R	N	M	F	W	H	B	A	AN
_____	_____	_____	R	N	M	F	W	H	B	A	AN

If your child(ren) is/are new to St. Joseph, please indicate the name of the last school attended: \_\_\_\_\_

\*Ethnicity: W-White; H-Hispanic; B-Black/African American; A-Asian or Pacific Islander; AN-American Indian/Alaskan Native

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Preschool Registration Fee \$75 received \_\_\_\_\_ Ck # \_\_\_\_\_/cash \_\_\_\_\_  
 K-8 Registration Fee \$75 received \_\_\_\_\_ Ck# \_\_\_\_\_/cash \_\_\_\_\_

Please be sure to complete the Tuition Agreement on the back of this form. Thank you!

