



# ST. STANISLAUS SCHOOL

6410 Route W  
Jefferson City, MO 65101  
573-636-7802

## 2016-2017 NEW FAMILY REGISTRATION FORM

Date Received \_\_\_\_\_  
Ck # \_\_\_\_\_  
Amount \_\_\_\_\_  
Cash \_\_\_\_\_

Father's Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Parish: \_\_\_\_\_

School District in which you live: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Parish: \_\_\_\_\_

School District in which you live: \_\_\_\_\_

### Admission Fees:

1 child \$250  
2 children \$400  
3 children \$550  
4 children \$550  
5 children \$550

### Name of child to be enrolled in St. Stanislaus School

_____
_____
_____
_____
_____

### Grade Entering

_____
_____
_____
_____
_____

### DOB

_____
_____
_____
_____
_____

**\*\*\$100 of the registration fee is due with this form.**