



ST. STANISLAUS SCHOOL

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

NEW FAMILY REGISTRATION FORM

School Year _____ - _____

Father's Name: _____

Mother's Name: _____

Address: _____

Address: _____

Phone Number: _____

Phone Number: _____

Email Address: _____

Email Address: _____

Home Parish: _____

Home Parish: _____

School District in which you live: _____

School District in which you live: _____

Admission Fees:

- 1 child \$300
- 2 children \$450
- 3 children \$600
- 4 children \$600
- 5 children \$600

Name of child to be enrolled in St. Stanislaus School

Grade
Entering

DOB

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

For Office Use

Registration Fee _____

Baptismal _____

Immunization _____

Birth Certificate _____

Custody Documents _____