



# ST. STANISLAUS SCHOOL

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

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 \$325
- 2 children \$475
- 3 or more children \$625

**Student Name**

**Grade**

**DOB**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**For office use only**

Birth Certificate: \_\_\_\_\_ Baptismal Certificate: \_\_\_\_\_ Immunization Records: \_\_\_\_\_

Virtus \_\_\_\_\_ Parish Registered \_\_\_\_\_

Custody Documents for single or divorced parents: \_\_\_\_\_ Admission Fee: \_\_\_\_\_