



# ST. STANISLAUS SCHOOL

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

## NEW FAMILY REGISTRATION FORM

Date Received	_____
Ck #	_____
Amount	_____
Cash	_____

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 \$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.