



ST. BONIFACE CATHOLIC SCHOOL REGISTRATION FORM

2017-2018

Please Print Child(ren)'s LAST NAME _____

Check One:

_____ Our child(ren) will attend St. Boniface School in 2017-2018. I have completed the registration form and am enclosing the appropriate registration fee. **[\$50/child -- \$100 family maximum]**

_____ Our child(ren) **will not be attending** St. Boniface School in 2017-2018.

Are parents St. Boniface Parishioners: YES _____ NO _____ If no, Parish Name _____

Student Information

2017-2018

Student Name _____ Sex _____ Date of birth _____ Grade _____

Student Name _____ Sex _____ Date of birth _____ Grade _____

Student Name _____ Sex _____ Date of birth _____ Grade _____

Student Name _____ Sex _____ Date of birth _____ Grade _____

Parent Information: Child/ren lives with: Both Parents _____ Mother _____ Father _____ Other _____

Name of Father _____ Marital Status _____ Religion _____

Address _____ Home Phone _____

Occupation _____ Employer _____

Work Phone _____ Cell Phone _____ Email _____

Name of Mother _____ Marital Status _____ Religion _____

Address _____ Home Phone _____

Occupation _____ Employer _____

Work Phone _____ Cell Phone _____ Email _____

Please provide additional information below if applicable:

Custodial Parent _____ Phone _____

Name Address

Non-Custodial Parent _____ Phone _____

Name Address

Step-Parent _____ Phone _____

Name Address

More on back... OVER PLEASE

Sibling Information

Names of children NOT YET enrolled in St. Boniface Catholic School:

_____	_____	_____
Name	Birth date	Anticipated year of enrollment
_____	_____	_____
Name	Birth date	Anticipated year of enrollment
_____	_____	_____
Name	Birth date	Anticipated year of enrollment

Have you attended a "Protecting God's Children" class?

Father yes no Where _____
(please circle)

Mother yes no Where _____
(please circle)

School District Information

Does student/s use District # 7 Bus Service? YES _____ NO _____ Bus _____

If your child/ren attended a public school this year, which school would he/she be attending?

Child _____ School _____

Child _____ School _____

Child _____ School _____

Child _____ School _____

Please include the **NON-REFUNDABLE** registration fee,
\$50 per child (\$100 maximum),
with this Registration form.

Make checks payable to: St. Boniface School

To have the registration fee applied to your student fees, we must have this registration form returned by March 14, 2017.

Office Use Only:	
Date: _____	Time: _____
Amount Paid at Pre-registration _____	Check # _____

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