



Office Use Only :	
Rec'd	_____
Fee Paid	_____
Check#	_____

2011-2012 School Registration

Family Name:	Home Phone:
Address:	City: Zip:
Mother's Cell Phone:	Father's Cell Phone:
Mother's Email:	Father's Email:
Member of St. Bartholomew? Y / N	Resident of Public School District:

Below, list each student (including preschool) who will attend St. Bartholomew School.
Indicate grade level for the coming year. (Preschool list as 3yrs, 4/5yrs, *KR half day, *KR-full day)

New	Return	Student Name	Grade 11/12	Gender	Birth Date

**KR=Kindergarten Readiness*

Last School Attended (if Transfer): _____

Mother's Name:	Father's Name:
Occupation:	Occupation:
Place of Business:	Place of Business:
Business Phone:	Business Phone:

Emergency Phone Numbers (if parents can not be reached):

Name	Phone Number	Relationship

Registration Fee is \$150.00 per student. *Please make checks payable to: St. Bartholomew School*

Tuition Options: ___ payment in full by August 15 ___ Quarterly payments (July, Oct, Jan, April) ___ Twelve Monthly payments (July-June)	Financial Aid: ___ Please send information about tuition aid ___ Please send information regarding free and reduced lunches
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Parent Signature _____ Date _____