

2. Student Name			2016-2017 Grade	Age
First	Middle	Last	(Pre-K, K-7, Confirmation, Special Sacrament)	
School	DOB	City, State of Birth	Parish Registered In	
Baptism _____			Church _____	_____
			Date	Name -- Ciity, State Zip
Communion _____			Church _____	_____
			Date	Name -- City, State Zip
Certificate Verification _____				
(Office Use Only)				

3. Student Name			2016-2017 Grade	Age
First	Middle	Last	(Pre-K, K-7, Confirmation, Special Sacrament)	
School	DOB	City, State of Birth	Parish Registered In	
Baptism _____			Church _____	_____
			Date	Name -- Ciity, State Zip
Communion _____			Church _____	_____
			Date	Name -- City, State Zip
Certificate Verification _____				
(Office Use Only)				

4. Student Name			2016-2017 Grade	AGE
First	Middle	Last	(Pre-K, K-7, Confirmation, Special Sacrament)	
School	DOB	City, State of	Parish Registered In	
Baptism _____			Church _____	_____
			Date	Name -- Ciity, State Zip
Communion _____			Church _____	_____
			Date	Name -- City, State Zip
Certificate Verification _____				
(Office Use Only)				

Please complete the other side of this form for additional children and family contact information.

- Enclosed please find \$110.00 tuition for one child for the 2016-2017 school year, payable to "St. John the Evangelist."
- Enclosed please find \$150.00 tuition for two children for the 2016-2017 school year, payable to "St. John the Evangelist?"
- Enclosed please find \$170.00 tuition for three or more children for the 2016-2017 school year, payable to "St. John the Evangelist."
- I hereby request *Confidential* Financial Aid for my child.

Print Parent Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_