



St. John Regional Catholic School

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Website: www.stjohnschoolwinslow.org

Rev. Philip A. Tracy, Pastor

Mrs. Valerie Wheeler, Administrator

REGISTRATION FORM 2010-2011

Date of application: _____

A registration fee must accompany this completed registration.

Name of Student: _____ Sex: _____
(Last) (First) (Middle)

Student's Current Address: _____

Student's Mailing Address (if different from above): _____

Entering Grade ____ in September. Date of Birth: _____

Student's Place of birth: City: _____ State: _____

Previous Nursery or Preschool: _____ Dates Attended: _____

Marital Status of parents: ____ Married ____ Separated ____ Divorced ____ Single

Religion: ____ Catholic ____ Other: _____ Is child baptized? ____ Yes ____ No

Parent information: Father's Name/Current Address: _____

Home telephone: _____ Work telephone: _____

Email address: _____ Education: _____

Occupation: _____ Place of employment: _____

Mother's Name/Current Address: _____

_____ Maiden: _____

Home telephone: _____ Work telephone: _____

Email address: _____ Education: _____

Occupation: _____ Place of employment: _____

Person(s) responsible for tuition/payments: _____

Signature of person filling out this form: _____

Relationship to child: _____

Our mission:

Our school offers a Catholic atmosphere to provide quality education and spiritual development to our students and their families.

Are you registered in a parish belonging to the Diocese of Portland, using their tithing envelopes?

Yes _____ No _____ Tithing Envelope # _____

Catholic Parents please read:

In order for St. John Catholic School to receive your parish subsidy, we will obtain the signature of your pastor which will tell us that you are a registered member of your parish using weekly envelopes. This determines the amount of tuition you pay at St. John Catholic School. We need this completed registration returned early to help us budget and plan for the upcoming school year. The above paragraph applies to Catholic students whose parents attend Catholic churches.

Parish you belong to: _____

_____ Date: _____

Parish Priest's Signature (required of all parishes)

I (we) hereby make application for the admission of: _____
as a student at St. John Catholic School. I (we) accept responsibility as the first educators of our child and agree to accept the rules and regulations of St. John Catholic School. I (we) understand the economic obligations of the school and agree to fulfill our share of the responsibility through the prompt payment of tuition charged and in service to the school community.

All families must sign up for FACTS Tuition Management program for payment of tuition .

Office use only:

Date: _____ Amount received: _____

Check # _____ Cash _____

Comments: