

Check # _____
Amount _____
Cash _____
Date Received _____

SAINT CORNELIUS SCHOOL
New Family Enrollment PreK-8
2019 - 2020
Registration Fee \$150 for 1 child
\$250 for 2 or more children

Please Print:

Last Name of Family _____ Father's First Name _____

Last Name of Child(ren) _____ Mother's First Name _____

Address _____ City _____ State _____ Zip _____

Public School District of Residence: _____ County of Residence: _____

Primary Phone # for OptionC: (____) _____ Home Phone: (____) _____

Parents' Work #: Mother (____) _____ Cell Phone (____) _____

Father (____) _____ Cell Phone (____) _____

Mother Email Address: _____

Father Email Address: _____

Primary Email Address for Option C: _____

If Catholic, in what parish are you registered? _____ **City** _____

Custody Information: **

_____ Married

** Who has primary physical custody?

_____ Divorced*

___ Mother

_____ Separated*

___ Father

_____ Mother Deceased

___ Guardian

_____ Father Deceased

Guardian's Name (if applicable): _____

** A copy of custody agreement is required **

Please turn over and complete registration information.

**PLEASE PRINT FULL NAME OF STUDENTS WHO ARE APPLYING FOR ADMISSION
FOR THE 2019 – 2020 SCHOOL YEAR.**

PK 3 3 Half T,W, TH		Gr. 2	
PK 3 5 Half		Gr.3	
PK 3 5 Full		Gr. 4	
PK 4 5 Half		Gr. 5	
PK 4 5 Full		Gr. 6	
KDG		Gr. 7	
Gr. 1		Gr. 8	

Gr. Aug. 2019

Child's Full Name

Gr. Aug. 2019

Child Full Name

PLEASE PRINT

Mother

Father

Stepmother

Stepfather

First Name				
Maiden Name				
Religion				
Country of Birth				
Date of Birth				
Occupation				

Signature of Father

OR

Signature of Mother

Date