For Office Use:

Reg. Fee Ck#: _____

Amount: _____

Date: _____

Saint Joseph School-Brookfield
2017-2018 Registration Form –Returning Students

STUDENT/FAMILY INFORMATION

Family Name: _____

Please return this form with your non-refundable registration fee of $150 per family to reserve a place for the student(s) listed below by March 1, 2017. If registration is returned after March 1, 2017, registration fee per family will be $200.

Returning Students 2017 – 2018

Child's Name	Current Grade	Grade in September
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*****Please note: Any NEW STUDENTS in your family entering St. Joseph School - Brookfield in August/ September MUST complete a separate registration form for each new student.**

All School Related Correspondence should be sent as follows: ***Relation of Student:_____***

Mr. & Mrs. Mr. Mrs. Ms. _____

Address: _____
(Street) (City) (Zip Code)
Phone Number: _____ Cell Number:_____

Parent's Signature_____ Email:_____

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My child/children will not be attending St. Joseph School - Brookfield in September 2017.
Please forward records to:

Name of School_____

Address_____

City, State, Zip_____

Reason for withdrawal: Financial_____ Moving_____ Other_____

No records will be sent unless all financial obligations to St. Joseph School – Brookfield have been met.