



St. Joseph Catholic School  
 1430 14<sup>th</sup> Street - Marion, Iowa 52302  
 319-377-6348

**REGISTRATION FORM 2010 - 2011**

Please complete and sign this registration form and return with \$75 per family registration fee. Registration fee is non-refundable.

**PLEASE PRINT**

**FAMILY INFORMATION**

Family Name \_\_\_\_\_ Father's Name \_\_\_\_\_  
 Address \_\_\_\_\_ Mother's Name \_\_\_\_\_  
 City, State, Zip Code \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Daytime Phone \_\_\_\_\_  
 Public School District \_\_\_\_\_

(Mark One)

Catholic – St. Joseph Parish  
 Catholic – Out of Parish  
 List Parish in which you are registered \_\_\_\_\_

Non-Catholic

**STUDENT INFORMATION**

**PLEASE PRINT**

Full Legal Name	DATE OF BIRTH	GRADE 2010-2011	RETURNING - R NEW - N (mark R or N)	GENDER M/F (mark M or F)	ETHNIC GROUP (see code below)
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

If new student, Name of last school attended. \_\_\_\_\_

**W**–White; **H**–Hispanic; **B**–Black/African American; **A**–Asian or Pacific Islander; **AN**–American Indian/Alaskan Native

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT:** Tuition Agreement on the back must be reviewed and signed. ⇐ ⇐ ⇐