



ST. JOSEPH SCHOOL TUITION CONTRACT

For Internal Use Only:

Check #:
 Amount:
 Date Registered:
 Parishioner Status:

This form may be filled out 2 ways before returning to school office:

- 1. Click on the fields, type in information, and print.**
- 2. Print out form, and write information *legibly*.**

STUDENT REGISTRATION INFORMATION:

Student Name (Last, First, Middle)	Sex M/F	Grade Level 2010/2011	Date of Birth
1.			
2.			
3.			
4.			
5.			

Family is registered as parishioners at: _____

Include contact information in the School Directory? ____Y ____N

CONTACT INFORMATION:

Custodial Parent 1: _____

Address: _____

City, State, Zip _____

Home Phone: (____) _____

Work Phone: (____) _____

Email Address _____

Cell Phone: (____) _____

Custodial Parent 2: _____

Work Phone: (____) _____

Email Address: _____

Cell Phone: (____) _____

Non - Custodial Parent: _____

Address: _____

City, State, Zip _____

Home Phone: (____) _____ Work Phone: (____) _____

Email Address _____ Cell Phone: (____) _____

Student Resides with: Both Parents Custodial Parent Guardian

Student lives in the following Public Elementary School District:

District 37 – Avoca District 38 – Kenilworth District 39 – Wilmette

District 65 – Evanston Other _____

Busing, on a fee basis, will be provided by the Wilmette Public Schools to students in grades K-8 who live within the District 39 boundaries only. Information is provided by the District 39 office directly to families (847-256-2450).

I, _____, am aware of my obligation to pay all tuition and fees related to the education of my child(ren) at St. Joseph School, and I will pay these amounts on or before the scheduled due dates. Failure to do so will result in the consequences outlined in the St. Joseph Family handbook.

Parent/Guardian Signature

Date

| St. Joseph School | 1740 Lake Avenue | Wilmette, Illinois 60091 | 847-256-7870 | www.stjosephwilmette.com |