

**ST. JOHN BOSCO PSR
REGISTRATION FORM
ACADEMIC YEAR (AY) 2019-2020**

CLASSES WILL BE HELD ON TUESDAY EVENINGS 6:30 UNTIL 7:45 P.M.

STUDENTS' INFORMATION

1. Legal Last Name _____ **First Name** _____ **Middle Initial** _____

Gender ____ **Birthdate** _____ **School District** _____ **Grade (AY 2019 – 2020)** _____

Sacraments:

Baptized? Please circle **No Yes** **Church of Baptism** _____

First Communion? Please circle **No Yes** **Church of First Communion** _____

Where did student attend PSR last year? **SJB** ____ **Other** _____

2. Legal Last Name _____ **First Name** _____ **Middle Initial** _____

Gender ____ **Birthdate** _____ **School District** _____ **Grade (AY 2019 – 2020)** _____

Sacraments:

Baptized? Please circle **No Yes** **Church of Baptism** _____

First Communion? Please circle **No Yes** **Church of First Communion** _____

Where did student attend PSR last year? **SJB** ____ **Other** _____

3. Legal Last Name _____ **First Name** _____ **Middle Initial** _____

Gender ____ **Birthdate** _____ **School District** _____ **Grade (AY 2019 – 2020)** _____

Sacraments:

Baptized? Please circle **No Yes** **Church of Baptism** _____

First Communion? Please circle **No Yes** **Church of First Communion** _____

Where did student attend PSR last year? **SJB** ____ **Other** _____

Please complete other side

Office Use: _____

PRIMARY CONTACT INFORMATION

Title: Mr. Mrs. Ms. Dr.

Legal Last Name _____ First Name _____

Address _____

City _____ State _____ Zip Code _____

Primary Phone # _____ Secondary Phone # _____
Home Cell Work Home Cell Work

Relationship _____ Religion _____

Marital Status _____ If divorced, a legal copy of the current custody arrangements is required.

Best email address to send correspondence _____

Name of Parish student(s) is registered in: _____

Is English your primary language? Yes: _____ No: _____ Primary Language _____

SECONDARY CONTACT INFORMATION

Title: Mr. Mrs. Ms. Dr.

Legal Last Name _____ First Name _____

Primary Phone # _____ Secondary Phone # _____
Home Cell Work Home Cell Work

Relationship _____

Tuition and Fees: *Register by May 7, 2019 for a 10% discount*

One Student	\$130.00
Two Students	\$200.00 (\$100.00 per student)
Three or more Students	\$270.00 (\$90.00 per student)

Sacramental fees:
\$60 per student receiving Reconciliation and First Communion
\$60 per student receiving Confirmation

Make checks payable to: **St. John Bosco PSR**

Office Use: New Current Amount Paid _____ Cash _____ Check # _____ Date _____