

**ST. JOHN BOSCO PSR  
REGISTRATION FORM  
ACADEMIC YEAR (AY) 2021-2022**

**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 2021 – 2022)** \_\_\_\_\_

**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 2021– 2022)** \_\_\_\_\_

**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 2021 – 2022)** \_\_\_\_\_

**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:**

|                        |                                 |
|------------------------|---------------------------------|
| One Student            | \$130.00                        |
| Two Students           | \$210.00 (\$105.00 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 \_\_\_\_\_