



ST. JULIANA SCHOOL

Please list medical conditions (i.e., allergies, illnesses), or physical limitations (i.e., vision, hearing) \_\_\_\_\_

SCHOOLS FORMERLY ATTENDED:

SCHOOL NAME	ADDRESS	CITY, STATE	GRADES	YEARS ATTENDED
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MEMBERS OF YOUR FAMILY WHO ARE ALUMNI OF ST. JULIANA SCHOOL      YEARS GRADUATED

LANGUAGE, OTHER THAN ENGLISH, SPOKEN IN HOME \_\_\_\_\_

SIBLING INFORMATION:

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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HOW DID YOU HEAR ABOUT SAINT JULIANA SCHOOL? \_\_\_\_\_

ARE YOU A ST. JULIANA PARISHIONER?    NO \_\_\_\_\_ YES \_\_\_\_\_ ENVELOPE NUMBER \_\_\_\_\_

IF NO, WHAT PARISH DO YOU BELONG TO \_\_\_\_\_ ENVELOPE NUMBER \_\_\_\_\_

TUITION PAYMENT CHOICE: PARTICIPATING PARISHIONER \_\_\_\_\_ NON-PARTICIPATING PARISHIONER \_\_\_\_\_

RACE: American Indian or Alaskan Native (12) \_\_\_\_\_ Asian (13) \_\_\_\_\_ Black or African American (14) \_\_\_\_\_  
White (16) \_\_\_\_\_ Native Hawaiian or Other Pacific Islander (15) \_\_\_\_\_ Two or more Races \_\_\_\_\_

ETHNICITY: Hispanic \_\_\_\_\_ Non-Hispanic \_\_\_\_\_

COUNTRY OF BIRTH \_\_\_\_\_ YEAR IMMIGRATED (If applicable): \_\_\_\_\_

*Please submit a non-refundable registration fee of \$165.00 per student.*

*Submit this application and fee along with the original birth certificate, baptismal certificate, social security card.*

*These documents will be copied and returned to you.*

OFFICE USE ONLY:

DATE OF REGISTRATION RECEIVED \_\_\_\_\_ REGISTRATION FEE \$ \_\_\_\_\_

CHECK NO: \_\_\_\_\_ BIRTH CERTIFICATE \_\_\_\_\_

BAPTISMAL CERTIFICATE \_\_\_\_\_ SOCIAL SECURITY CARD \_\_\_\_\_

PDS \_\_\_\_\_ POWER SCHOOL \_\_\_\_\_