

ST. JULIANA SCHOOL

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 ___