

ST. JOHN BOSCO SCHOOL

5630 W. Commerce Street
San Antonio, Texas 78237

2009 – 2010 RE-ADMISSION (Form-Fill)

(Please print clearly or type – Complete all information requested-to be used for School Administration purposes only)

Student Information:

Student: _____ Birth Date: _____ Grade Entering: _____
Last First Middle

Address: _____ City: _____ State: _____ Zip: _____

Student's Social Security #: _____ Rank among siblings: _____ Home Phone #: _____

Primary Language spoken at home: _____

Student Living with: Two Natural Parents Mother & Stepfather Father & Stepmother Grandparent(s)
 Mother Father Guardian Other: _____

Ethnic Group: (Check one) (For census purposes only)

1 American Indian/Native Alaskan 2 Asian 3 Black, Not Hispanic 4 Hispanic
 5 White, Not Hispanic 6 Native Hawaiian/Pacific Islander 7 Multi Racial

If Low-Income Family, Check applicable:

Qualifying for Free Meals Reduced-Price Meals Food Stamps

Residence Public School District: _____ **District Code:** _____

Residence Public School: _____
(Based on student's grade list the Public Elementary or Middle school student would attend if not enrolled at St. John Bosco)

PARENT/GUARDIAN INFORMATION:

Legal Guardian: _____ **Relationship:** _____

Father/Guardian: _____ **Social Security Number:** _____
Last First Middle **E-mail:** _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone #: _____ Home Phone #: _____
 Cell Phone #: _____ Pager #: _____

Employer: _____ Position/Department: _____

Education: Elementary High School College Hours College Degree: List Degree(s) _____

Status: Single Married Separated Divorced Remarried Widow Widower Deceased

Religion: _____ Parish: _____

Mother/Guardian: _____ **Social Security Number:** _____
Last First Middle **E-mail:** _____

Address: _____ City: _____ State: _____ Zip: _____

Work Phone #: _____ Home Phone #: _____
 Cell Phone #: _____ Pager #: _____

Employer: _____ Position/Department: _____

Education: Elementary High School College Hours College Degree: List Degree(s) _____

Status: Single Married Separated Divorced Remarried Widow Widower Deceased

Religion: _____ Parish: _____

Names of all Brothers and Sister at St. John Bosco School:

Student Name	Present Grade	Date of Birth	Social Security #	Rank among siblings	Grade entering in August

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2009 – 2010 Re-admission Financial Data (Form Fill)

FOR OFFICE USE ONLY:		Date Paid	Inv#	Pymt Method	Registration Date: _____
Re-admission Fee per Student:	\$ 175.00	_____	_____	_____	Grade in 2009-2010: _____
Educational Fee per Student:	\$ 300.00	_____	_____	_____	Eldest Student _____
After February 12, 2009:					
Re-admission Fee per Student	\$ 275.00	_____	_____	_____	
After February 27, 2009:					
Re-admission Fee per Student	\$ 300.00	_____	_____	_____	
More than 30 days following Registration: (Increases \$25.00 per month until paid)					
Educational Fee per Student	\$ 325.00	_____	_____	_____	

(Please print clearly or type – Complete all information requested – Do Not Alter Form)

Student Information (List all children attending SJB in 2009-2010, oldest to the youngest):

Student Name:	Last	First	Middle	Birth Date	Student's Social Security #	Grade in 2009-2010	New Y/N
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Responsible for Student Finances (If other than custodial parent):

Name: _____ Social Security #: _____
Last First Middle

Relationship: _____ E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # Home: _____ Cell: _____ Work: _____ Other: _____

Employer: _____ Position/Department: _____

Parent / Guardian Information:

Father/Guardian: _____ Social Security #: _____
Last First Middle

E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # Home: _____ Cell: _____ Work: _____ Other: _____

Employer: _____ Position/Department: _____

Mother/Guardian: _____ Social Security #: _____
Last First Middle

E-mail: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone # Home: _____ Cell: _____ Work: _____ Other: _____

Employer: _____ Position/Department: _____

Note:
Timely payments avoid incurring late fees.

Students will be denied one or all of the following if finances are not current at anytime during the year: admission to classes; field trips; clubs; athletics; co-curricular activities.

Tuition for students enrolling or withdrawing during the school year will be pro-rated and charged at the rate of \$25.00 per day for 1st to 8th and \$30.00 per day for 3k to 5k on a per student basis (family rate not applicable for withdrawing students) for each school day to date of enrollment or withdrawal.

**** Only the St. John Bosco School Finance Office handles any information or questions regarding finances. ****

Parent/Guardian Signature Printed Name Date