



*St. John the Baptist Catholic School*

1057 Hughes Road  
Madison, Alabama 35758  
Phone: (256) 722-0772 Fax: (256) 722-0151  
[www.stjohnb.com](http://www.stjohnb.com)

# 2017-18 RE-REGISTRATION FORM

FAMILY NAME: \_\_\_\_\_  
Last Name Father Mother

PARISH AFFILIATION: \_\_\_\_\_  
(The parish/church in which you are currently registered)

\_\_\_\_\_ Will be returning to St. John's Catholic School for the 2017-2018 school year.

\_\_\_\_\_ Will **NOT** be returning to St. John's Catholic School for the 2017-2018 school year.

Reason: \_\_\_\_\_  
\_\_\_\_\_

Name of returning student(s): \_\_\_\_\_ Student's grade for 2017-2018  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ **Please send a student application form for each new sibling:**

Name of each new sibling(s): \_\_\_\_\_ Student's grade for 2017-2018  
\_\_\_\_\_  
\_\_\_\_\_

Re-registration Fee: *(Please check one)*

- \_\_\_\_\_ Paying in full: \$125.00/each student (attached)
- \_\_\_\_\_ Two Payments: \$65.00 now & \$60.00 by **March 10, 2017**

Re-registration fees are non-refundable (except for re-location).  
**\*K4** tuition is separate from K-8 grades.

OFFICE USE ONLY	
Date Received:	R
Amount Paid:	S

Principal – Mrs. Sheryl B. Lewis  
Pastor – Fr. Philip N. O’Kennedy