



## St. John the Baptist Catholic School

1057 Hughes Rd. Madison, Alabama 35758

Office: 256-722-0772 - [www.stjohnb.com](http://www.stjohnb.com)

Office Use: Rec'd:

Amt:

CK#

ACH:

# RE-REGISTRATION 2026-2027

**Father/Guardian:** \_\_\_\_\_

Last Name, First

**Mother/Guardian:** \_\_\_\_\_

Last Name, First

Will be returning to St. John's Catholic School for the 2025-2026 school year.

Will **NOT** be returning to St. John's Catholic School for the 2025-2026 school year.

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

Name of Student(s) Returning

Student(s) Grade for 2026-2027

Name of Student(s) **NOT** Returning

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last Name, First

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last Name, First

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Last Name, First

### Two Options for Re-registration Payment:

Option 1: Payment in Full with form

- (1) Child \$150.00
- (2) Children \$300.00
- (3) Children \$450.00
- (4) Children \$600.00

Option 2: Installment Payments:

Now

- (1) Child \$ 75.00
- (2) Children \$150.00
- (3) Children \$225.00
- (4) Children \$300.00

Final installment by 03/06/2026

- (1) Child \$ 75.00
- (2) Children \$150.00
- (3) Children \$225.00
- (4) Children \$300.00

Please DRAFT the re-registration fee of \$ \_\_\_\_\_ ON or AFTER \_\_\_\_\_  
(amount) (date / dates)

From my account on file ending \_\_\_\_\_.  
(last 4 of account)

\_\_\_\_\_ (signature of account owner)

Please send us a student application form for each new sibling:

Name of each new sibling(s):

Student's grade for 2026-2027

Re-registration fees are non-refundable (except for re-location).

\*K4 tuition is separate from K5-8th grades