St. Joseph Catholic School
Randolph, Ohio
Diocese of Youngstown Office of Catholic Schools

Re-registration Form for Returning Student/s
(Grades: Pre-school – Eight): 2019-2020

(One per Family) **(Revised: 2019)**

Family Name: _____ Date: _____

Phone: _____ Email: _____

Students Returning to St. Joseph School in Fall 2019 Grade in 2019-2020
(Last name if different from family name.)

_____

_____

_____

_____

Our family understands that our enrollment with St. Joseph School is contractual and contingent on our cooperation with the philosophy, policies and procedures which are outlined in this folder and will be detailed in the updated Family Handbook. We further understand that this agreement is for the 2019-2020 school year only.

_____ The Registration Fee of $100.00 for my family is enclosed. I understand that the entire amount will **NOT** be applied to our tuition and is non-refundable.

I am returning this form, the enclosed required forms, and the fee on ____-____- 2019.

Parent/s Signature: _____ Date: _____

Non-returning Students

This student/s will not return to St. Joseph School for the 2019-2020 school year.

Name/s Present Grade/s Reason/s

_____

_____

_____

_____

Parent/s Signature: _____ Date: _____