



St. Jude Catholic School

INTENT TO ENROLL NEW STUDENT (2021-22)

Student's Name: _____ Date of Birth: _____

Prior School (if applicable): _____ City/State: _____

Are any family members Catholic? N / Y – Parish: _____ Child's sex: M / F

Incoming grade: PRE-K K 1 2 3 4 5 6 7 8

FOR PRE-K APPLICANTS: Mark (X) the program and days your child plans to attend:

___ 5 day, FULL day ___ 5 day, AM only

___ 3 day, FULL day: ___ MON ___ TUES ___ WED ___ THURS ___ FRI
(rank preferred days 1-5)

Parent Name(s): _____ Primary Phone: _____

Address: _____ City: _____ State/ZIP: _____

Email: _____ @ _____ Alt Phone: _____

Submission of this form, along with a \$100 deposit by May 1, 2021 will constitute a request for admission as a NEW student at St. Jude for the 2021-22 school year. Your intent form will be held for placement in the requested grade in the order that it was received, in accordance with the St. Jude Admissions Policy acceptance list. (NOTE: School Choice applicants subject to a mandatory lottery if applicants exceed available seats.) The child's application will not be complete until the contents of the registration packet and list of required documentation have been submitted to the school office.

The submission of your deposit shows a good-faith pledge to complete the registration process and enroll upon the review and acceptance of your child's application, including any review of educational records, special needs, or placement testing that may be required. If you enroll, the deposit will serve as your registration fee. This deposit may be refunded only if your application is not accepted or, as a School Choice applicant, your child is not selected in a lottery.

Parent Sign: _____ Date: _____

OFFICE RECEIPT & VERIFICATION: Deposit received: ___ Cash ___ Check # _____ \$ _____			
Date _____/_____/_____	Time ____: ____ AM PM	Staff Initials _____	