



St. John the Baptist Catholic School

10 South Lincoln Street - Smithton, Illinois 62285

PHONE: (618) 233-0581

www.stjohnsschool.us

RE-ENROLLMENT FORM FOR 2023-2024

In order for the school to plan for 2023-2024, please return this form by April 28, 2023.

If your family will be returning for the 2023-2024 school year, please complete this section of the form.

| NAME OF CHILD(REN) | GRADE FOR 2023-2024 |
|--------------------|---------------------|
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Please check which description fits your family's situation.

_____ I have reviewed the attached demographics page and there are no changes.

_____ Our family's demographics have changed, and I updated them on the attached form.

Please check which description fits your family's situation.

_____ No changes need to be made to my FACTS Tuition account. I understand that my family will be re-enrolled in FACTS with payments beginning in July 2023 and ending in June 2024. I also

_____ I plan to pay my tuition in full directly to the school by July 31, 2023.

_____ Please send me tuition assistance information for the 2023-2024 school year. I will complete the forms and applications by April 28th to ensure my assistance and my student(s) enrollment.

(over)

If your family will not be returning for the 2023-2024 school year, please complete this section of the form.

| NAME OF CHILD(REN) | GRADE FOR 2023-2024 |
|--------------------|---------------------|
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Reason for leaving (moving from the area, etc.)

If you have extenuating family circumstances that impact your re-enrollment decision and you would like to talk confidentially with the principal, please provide your preferred phone number and best time to contact you.

Does your commitment to St. John's extend through 8th grade: Yes _____ No _____

Are there any other children in the household: Yes _____ No _____

If yes, please list names and birthdates: _____

Do you know a family who is interested in attending St. John the Baptist School: Yes _____ No _____

If yes, please list their name(s) and contact information: _____

Are you as parents interested in volunteering in the classroom, field trips, lunch/recess duty, or in other way during the school day? If so, we will prepare Child Protection paperwork for you to complete to be compliant.

Yes _____ No _____

Signature of Parent/Guardian Who Completed This Form: _____

Date: _____