St. Croix Country Day School
2008-2009 Enrollment Information Sheet

For Office Use Only
Date:_____
Receipt/Chk no:_____
Merit: Yes or No
Registration Amnt: _____
Tuition: _____
Total: _____

*I understand that it is necessary to reserve a space for each student with a signed contract and the following applicable fee(s): **Returning Students**: The Non-Refundable Registration Fee Per Student Before April 16, 2008 is $150: After April 16, 2008 is $200. **New Students**: The Non-Refundable Registration Fee Per Student Before August 1, 2008 is $150: After August 1, 2008 is $200. I hereby notify St. Croix Country Day School that it is my intention to enroll the student(s) listed below in the grade(s) specified for the 2008-2009 school year.*

Student's Full Name	Please Specify New (N) or Returning (R) Student	2008-2009 Grade

Parent Information:

With Whom Does Child Live: ☐ **Both Parents** ☐ **Father** ☐ **Mother** ☐ **Guardian**

Father/Guardian (Last, First, Middle Initial) Social Security Number

Mailing Address (Street, City)

Physical Address Home Phone Number Cell Phone

Employer Occupation Work Phone Number

Employer's Mailing Address (Street, City) Zip Code

E-Mail Address Fax Number

Mother/Guardian (Last, First, Middle Initial) Social Security Number

Mailing Address (Street, City)

Physical Address Home Phone Number Cell Phone

Employer Occupation Work Phone Number

Employer's Mailing Address (Street, City) Zip Code

E-Mail Address Fax Number

I understand that grade placement for returning students is contingent upon the satisfactory completion of the previous grade, as well as a satisfactory report of behavior, attitude, and effort; and final acceptance for new students is contingent upon successful testing results and on–campus interviews.

_____ _____

Parent/Guardian Signature Date