



# St. John the Baptist Catholic School

1057 Hughes Rd. Madison, Alabama 35758

Office: 256-722-0772 - [www.stjohnnb.com](http://www.stjohnnb.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 2026-2027 school year.

\_\_\_\_\_ Will **NOT** be returning to St. John's Catholic School for the 2026-2027 school year.

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

<u>Name of Student(s) Returning</u>	<u>Student(s) Grade for 2026-2027</u>	<u>Name of Student(s) <b>NOT</b> Returning</u>
_____ Last Name, First	_____	_____
_____ 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:

<u>Name of each new sibling(s):</u>	<u>Student's grade for 2026-2027</u>
_____	_____
_____	_____

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

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