

**ST. CLEMENT**  
 4534 VINE ST.  
 ST. BERNARD, OHIO 45217  
 (513) 641-2137  
**2015-2016 REGISTRATION FORM**

Family Name \_\_\_\_\_ Parish \_\_\_\_\_

Student Last Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address \_\_\_\_\_ Mother's Name \_\_\_\_\_

City, State \_\_\_\_\_ Marital Status \_\_\_\_\_

Zip \_\_\_\_\_ Special Release Instruction \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone Father \_\_\_\_\_ Work Phone Mother \_\_\_\_\_

**CHILDREN PRESENTLY ATTENDING ST. CLEMENT**

First name	Grade (2014-2015)	Sex	Race	Birth Date	Soc. Sec. #
Oldest or only _____	_____	_____	_____	_____	_____
Child 2 _____	_____	_____	_____	_____	_____
Child 3 _____	_____	_____	_____	_____	_____
Child 4 _____	_____	_____	_____	_____	_____

**Any students that are new to St. Clement need to contact the school office to meet with the Principal .**

Name \_\_\_\_\_

**Registration Fee due with registration: \$95.00 (nonrefundable) per child (1/2 is due with this registration, if possible. Special arrangements can be made with the school office)**

**Registration Fee total enclosed \_\_\_\_\_**

**Public School District of Residence \_\_\_\_\_**

**Public School your child(ren) would attend if not at St. Clement \_\_\_\_\_**

**Signature of parent/legal guardian and person responsible for payment of the tuition bill**

**Date \_\_\_\_\_**

**PLEASE RETURN TO THE OFFICE BY FEBRUARY 20, 2015 IN ENSURE YOUR STUDENT'S PLACEMENT FOR NEXT SCHOOL YEAR.**

[Type text]

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