



Registration Form for School Year 2017 – 2018

Please circle one of the following:

Grade: Pre-school Pre-K Kindergarten 1st 2nd 3rd 4th 5th 6th 7th 8th

* If registering for Pre-School, please circle AM or PM and days of week:

AM PM Monday Tuesday Wednesday Thursday Friday

Please Print Student Information:

Full name: _____ Birth Date: _____ Lives with: _____

Home Address _____ Home Phone: _____

Religion: _____ Race: _____ Prior School: _____

Address of Prior School: _____ Phone Number: _____

(If Not St. John)

Place of birth: _____ Social Security Number: _____

Sex: M F Baptismal Date: _____ Church: _____ City & State: _____
(circle one)

First Communion Date: _____ Church: _____ City & State: _____

First Reconciliation Date: _____ Church: _____ City & State: _____

Mother's Information:



Full name: _____
(First) (Middle) (Last) (Maiden)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address (if different from child): _____

City: _____ State: _____ Zip: _____

Email Address: _____ Employer: _____

Religion: _____ Name of Parish Membership: _____

Date of Birth: _____ Place of Birth: _____ Social Security Number: _____

Education: _____ Race: _____ Language Used in Home: _____

Current Marital Status (circle one): single, married, widow, divorced, remarried, separated

Office Use Only

Parishioner Non-Parishioner Applying for Financial Aid

Number of students enrolled – PK _____ K-8 _____

Thank you for selecting St. John School's Christ-centered education for your child(ren)!

Father's Information:

Full name: _____
(First) (Middle) (Last)

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Address (if different from child): _____

City: _____ State: _____ Zip: _____

Email Address: _____ Employer: _____

Religion: _____ Name of Parish Membership: _____

Date of Birth: _____ Place of Birth: _____ Social Security Number: _____

Education: _____ Race: _____ Language Used in Home: _____

Current Marital Status (circle one): single, married, widow, divorced, remarried, separated

List other children attending St. John School (include name and grade in the fall):

Name of person responsible for tuition: _____

Address if different from student(s): _____

Please sign and return this form to school along with a \$100 per child Registration fee to guarantee your child is registered for the 2017-18 school year. An Annual fee of \$200 per child is due by June 1. **All fees are non-refundable.**

Parent / Guardian signature: _____ Date: _____

Please Note:

Children must be age 4 by August 1 to enter PreK; age 5 by August 1 to enter Kindergarten; age 6 by August 1 to enter First Grade.

All children entering Kindergarten and sixth grade *must* have a physical exam. All students must have a current immunization record, a copy of their birth certificate, and a copy of their baptismal certificate on file in the school office prior to the first day of school.

Thank you for selecting St. John School's Christ-centered education for your child(ren)!