St. John's Area School Registration

(Kindergarten &/or New Family)

Student Name: _____
Last First Middle

Gender: M ____ F ____ Grade Entering: _____ Date of Birth: _____

Baptism: _____ Church: _____
Month Day Year Location: _____

Reconciliation: _____ Church: _____
Month Day Year Location: _____

Communion: _____ Church: _____
Month Day Year Location: _____

Name & Address of last school attended: _____
_____

Father's Name: _____ Mother's Name: _____

Father's Religion: _____ Mother's Religion: _____

Parish Registered In: _____

Parish Address: _____

Student lives with:

Both parents ____ Mother ____ Father ____ Step Parents ____ Guardian ____Other ____

Mailing Address: _____

Home Phone: _____

Father Work Phone: _____ Mother Work Phone: _____

Father Cell Phone: _____ Mother Cell Phone: _____

E-mail Address _____

Other Children in Family:

Name _____ M ___ F ___ Date of Birth _____

Name _____ M ___ F ___ Date of Birth _____

Name _____ M ___ F ___ Date of Birth _____

Health problems, if any: _____

Doctor's Name: _____

Phone Number: _____