

## St. John's Area School Registration

Student Name \_\_\_\_\_ M\_\_\_\_ F\_\_\_\_  
Last First Middle

Grade Entering \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

Baptism \_\_\_\_\_ Church \_\_\_\_\_  
Month Day Year Location \_\_\_\_\_

Reconciliation \_\_\_\_\_ Church \_\_\_\_\_  
Month Day Year Location \_\_\_\_\_

Communion \_\_\_\_\_ Church \_\_\_\_\_  
Month Day Year Location \_\_\_\_\_

Name and Address of last school attended: \_\_\_\_\_

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Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Father's Religion \_\_\_\_\_ Mother's Religion \_\_\_\_\_

Parish Registered In \_\_\_\_\_  
Name Address

Pupil lives with: Both parents \_\_\_ Mother \_\_\_ Father \_\_\_ Step Parents \_\_\_ Guardian \_\_\_ Other \_\_\_

Exact Mailing Address \_\_\_\_\_ Home Phone \_\_\_\_\_  
Work Phone (Mother) \_\_\_\_\_

E-mail Address \_\_\_\_\_ Work Phone (Father) \_\_\_\_\_  
Cell Phone (Mother) \_\_\_\_\_  
Cell Phone (Father) \_\_\_\_\_

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 \_\_\_\_\_