



St. John's Area School Registration Form (Kindergarten &/or New Family)

Student Name: _____
Last First Middle

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

A copy of the child's birth certificate is required for registration.

Baptism: _____ Church: _____
Month Day Year City: _____

Reconciliation: _____ Church: _____
Month Day Year City: _____

Communion: _____ Church: _____
Month Day Year City: _____

Name & Address of last school attended: _____

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

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

Parish Registered In: _____ City: _____

Student lives with: ____ Both parents ____ Mother ____ Father ____ Stepparents ____ Guardian ____ Other _____

Full Mailing Address: _____

Home Phone: _____

Father Work Phone: _____ Mother Work Phone: _____

Father Cell Phone: _____ Mother Cell Phone: _____

E-mail Address(s): _____

Other Children in Family:	Name _____	M ____ F ____	Date of Birth _____
	Name _____	M ____ F ____	Date of Birth _____
	Name _____	M ____ F ____	Date of Birth _____
	Name _____	M ____ F ____	Date of Birth _____
	Name _____	M ____ F ____	Date of Birth _____