ST. JOHN THE BAPTIST SCHOOL

REGISTRATION

2009-2010 SCHOOL YEAR

Name_____ Age_____ Grade_____
Last First Middle

Home Address_____ Phone #_____ Cell #_____
Street City Zip

Birthday_____/_____/_____ _____ _____
Mo. Day Year Social Security Number Place of Birth (City, State)

e-mail address_____ School Last Attended_____

Religion of Child_____ Church Attending_____

Baptism_____
Month/Day/Year Church City State

First Communtion_____
Month/Day/Year Church City State

Confirmation_____
Month/Day/Year Church City State

Father's Name_____ Religion_____
Last First Middle

Occupation_____ Phone_____
Title Place of Employment

Mother's (maiden) Name_____ Religion_____
Last First Middle

Occupation_____ Phone_____
Title Place of Employment

Child's Parents: (check if one applies) _____ Deceased _____Separated _____Divorced

With whom does the child reside? _____Mother and Father _____Mother _____Father _____Step-parent

Children in Family _____ Grade_____ School_____

_____ Grade_____ School_____

Are you a registered contributing parishioner from St. John's or a surrounding parish? _____YES _____NO

Parish_____

All students entering Pre-K, K and 5th grade must have a Child Health Examination (School Physical) on file in the office no later than the 1st day of school. All students entering Kindergarten must be 5 years old by September 1. A zerox copy of Birth Certificate for all new Pre-K and Kindergarten students is required. All students must have their immunization records on file in the school office. Dental Exams are required for children entering Kindergarten, 2nd, and 6th grade. Eye examinations are required for Kindergarten.