



REGISTRATION FORM

Application for Admission to Grade _____
For School Year beginning September 20 _____
Date of Application: _____

APPLICANT'S NAME

Last

First

Middle

Street

City

State

Zip

Primary Telephone

Date of Birth

Place of Birth

State

Zip

Religion of Student

Name of Parish

City

Child's Race (Check One)

White Asian African American Haitian Hispanic Multi Racial

SACRAMENTS

Date of Baptism (Month/Day/Year) _____ Church and City _____

RECEIVED

Date of Penance (Month/Day/Year) _____ Church and City _____

Communion Date (Month/Day/Year) _____ Church and City _____

APPLICANT'S

PRESENT SCHOOL

Name

Present Grade

School Address

**NAME OF PARENTS
OR GUARDIANS**

_____		_____	_____
Mother's Maiden Name		Place of Birth	Religion
_____		_____	_____
Street	City	State	Zip
_____		_____	_____
Mother's Occupation	Name of Company	Address	
_____		_____	
Primary Phone _____	Secondary Phone _____	E-Mail _____	
_____		_____	_____
Father's Name		Place of Birth	Religion
_____		_____	_____
Street	City	State	Zip
_____		_____	_____
Mother's Occupation	Name of Company	Address	
_____		_____	
Primary Phone _____	Secondary Phone _____	E-Mail _____	
_____		_____	
Guardian Name _____	Address _____	Phone _____	

Are Parents Alumni of St. John School Yes No

Mother's Maiden Name _____	Class of _____
Father's Name _____	Class of _____

**APPLICANT'S
GRANDPARENTS**

_____	_____	_____
Maternal	Address	Zip
_____		_____
Paternal	Address	Zip

PHOTO RELEASE Check here and sign below if you give St. John School permission to use your child's picture on social media or school related materials.

**SIGNATURE OF
PARENT/GUARDIAN
DATE**

