

## ST. JOHN THE BAPTIST CATHOLIC SCHOOL REGISTRATION FORM

Name: \_\_\_\_\_ Sex: \_\_\_\_\_ Age at Last Birthday: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_ Apt. No.: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Street or Rural Route City Zip

Child resides with: \_\_\_\_\_ Language spoken in home: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Birth date: \_\_\_\_\_  
City State Month Day Year

Sacrament	Date	Church	City	State
Baptism				
First Communion				
Confirmation				

Date pupil will enter school: \_\_\_\_\_ **Grade: Kindergarten**

Transfer Students	School last attended: _____
	<div style="display: flex; justify-content: space-between;"> <span>Street</span> <span>City</span> <span>State</span> </div>
	Pupils former address: _____
	<div style="display: flex; justify-content: space-between;"> <span>Street</span> <span>City</span> <span>State</span> </div>

**In what parish is your family registered?** St. John \_\_\_\_\_ Other (please list) \_\_\_\_\_

**Father:** \_\_\_\_\_ Religion: \_\_\_\_\_ **Mother:** (Maiden name) \_\_\_\_\_ Religion: \_\_\_\_\_  
 Address: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Address: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
 Occupation: \_\_\_\_\_ Firm: \_\_\_\_\_ Occupation: \_\_\_\_\_ Firm: \_\_\_\_\_  
 Bus. Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_ Bus. Address: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_  
 Deceased ( ) Separated ( ) Divorced ( ) Remarried ( ) Deceased ( ) Separated ( ) Divorced ( ) Remarried ( )

### OTHER CHILDREN IN FAMILY

Name	Birthdate	Baptized		School Attending	Name	Birthdate	Baptized		School Attending
		Yes	No				Yes	No	

In case my child becomes ill or is injured at school, please call the following telephone number \_\_\_\_\_ If I cannot be reached, call \_\_\_\_\_ or Doctor \_\_\_\_\_, Doctor's telephone number \_\_\_\_\_ or \_\_\_\_\_

Date: \_\_\_\_\_ Signature of Parent \_\_\_\_\_ Relationship \_\_\_\_\_  
or Legal Guardian to Child