

St. John's Area School Registration Form Kindergarten and/or New Family

Student Name (last, first mi):			Date:
Gender: Male Female	Grade Entering:	Date of E	Birth (m/d/yy):
Baptism (m/d/yy):	Church Name & Location	n:	
Reconciliation (m/d/yy):	Church Name & Location	n:	
Communion (m/d/yy):	Church Name & Location:		
Name of Last School Attended:			
Address of Last School Attended:			
Father's Name: Mother's Name:			
Father's Religion:	Mother's Religion:		
Parish Name that you are registered with:			
Registered Parish Address:			
Student Lives With:	Mailing Address	s:	
Home Phone:	Father Work Phone:		Mother Work Phone:
Father Cell Phone:	Mother Cell Phone:		Other Phone:
Father E-mail Address:	Mother E-mail Address:		
Please list other children in your family below:			
Name:	ny bolow.	☐ Male ☐ Female	Date of Birth (m/d/yy):
Name:			
			Date of Birth (m/d/yy):
Name:		Male Female	Date of Birth (m/d/yy):
Name:		Male Female	Date of Birth (m/d/yy):
Health Conditions/Allergies, if any:			
Doctor's Name:			
Doctor's Phone Number:			
Parent/Guardian Signature:			Date: