



SAINT JOHN THE EVANGELIST SCHOOL

Pre-school Registration Form

321 North Market St., Logan, Ohio 43138, 740-385-2767

PROGRAM SELECTION: 2-5 day Program
Check Days Student will be Attending
Mon <input type="radio"/> Tues <input type="radio"/> Wed <input type="radio"/> Thur <input type="radio"/> Fri <input type="radio"/>

Student Information			
Full First Name:	Middle Name:	Last Name:	
Name Goes by:	Date of Birth:	Gender:	
Address:	City:	Zip:	
Home Phone #:	Birth City, State:	Grade Entering:	
SSN#:	Religion:	Parish:	
Race: (you are not required to answer this question)			
<input type="radio"/> American Indian/Native American		<input type="radio"/> Hispanic	
<input type="radio"/> Asian		<input type="radio"/> Multiracial	
<input type="radio"/> Black		<input type="radio"/> Native Hawaiian/Pacific Islander	
		<input type="radio"/> White	

Father's Name	Mother's Name
Address:	Address:
City, State, Zip:	City, State, Zip:
Home Phone #:	Home Phone #:
Work Phone #:	Work Phone #:
Cell Phone #:	Cell Phone #:
Email:	Email:
Religion:	Religion:
Parish:	Parish:
Birth City, State:	Birth City, State:
Education:	Education:
Occupaton:	Occupaton:
Place of Employment:	Place of Employment:

Home Status													
(CHECK ALL THAT APPLY) The Child's Parents are:													
<input type="radio"/>	Married			<input type="radio"/>	Separated			<input type="radio"/>	Divorced			<input type="radio"/>	Mother Deceased
<input type="radio"/>	Single			<input type="radio"/>	Guardian			<input type="radio"/>	Other			<input type="radio"/>	Father Deceased
Fill out the following if it applies to the child's home status, divorced, separated, guardian or other.													
Name of Custodial Parent and Relationship:													
Do you wish school mailings to be sent to both parents? <input type="radio"/> Yes <input type="radio"/> No													
St. John the Evangelist School is required to have a copy of the custodial orders on file.													
Other (Parent-like) Adult - Father Home						Other (Parent-like) Adult - Mothers Home							
Name:						Name:							
Relationship:						Relationship:							
<input type="radio"/> Step-parent						<input type="radio"/> Step-parent							
<input type="radio"/> Other						<input type="radio"/> Other							

Needed for Registration	For Office Use Only (Please do not mark in this box)
<input type="radio"/> Birth Certificate	<input type="radio"/> Child's Medical Statement
<input type="radio"/> Social Security Card	<input type="radio"/> Custody Orders (if applicable)
<input type="radio"/> Parent Drivers License	
<input type="radio"/> Immunization Records	