



Catholic roots. Worldly wings.

REGISTRATION FORM

Application for Admission to Grade _____ for School Year beginning September 20_____

Date of Application: _____ Registration Fee* \$750. *Non-refundable and non-transferable

APPLICANT'S NAME

_____ Last _____ First _____ Middle

_____ Street _____ City _____ State _____ Zip

_____ Primary Telephone _____ Other 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 RECEIVED

Date of Baptism _____ Church and City _____
(MM/DD/YYYY)

Date of Penance _____ Church and City _____
(MM/DD/YYYY)

Communion Date _____ Church and City _____
(MM/DD/YYYY)

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 _____

 Father's Occupation _____ Name of Company _____ Address _____

 Primary Phone _____ Secondary Phone _____ E-Mail _____

 Guardian Name _____ Address _____ Phone _____

Are Parents Alumni of St. John School?

Mother Yes Class of _____ No Father Yes Class of _____ No

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 _____