



SAINT JOHN SCHOOL

Boy _____ Girl _____

PRE-SCHOOL: Mon. - Fri. (5 days) _____ Mon./Wed./Fri. (3 days) _____ Tues./Thurs. (2 days) _____

PRE-KINDERGARTEN _____ **KINDERGARTEN** _____ **GRADE** _____

CHILD'S NAME _____

Last First Middle

ADDRESS _____

Street City Zip Code

HOME PHONE NO. _____ **CELL PHONE NO. (Mother or Father)** _____

(include area code) (include area code)

DATE OF BIRTH _____ **PLACE OF BIRTH** _____

Month/Day/Year City, State

DATE OF BAPTISM _____ **CHURCH** _____ **CITY, STATE** _____

Month/Day/Year

SCHOOL LAST ATTENDED _____

School City, State

FATHER'S NAME _____ **PLACE OF BIRTH** _____

City, State

RESIDENCE _____

OCCUPATION _____ **RELIGION** _____

CATHOLIC SCHOOLS ATTENDED: None _____ Elementary _____ High School _____ College _____ Grad. School _____

MOTHER'S NAME _____ **PLACE OF BIRTH** _____

City, State

MAIDEN NAME _____ **RESIDENCE** _____

OCCUPATION _____ **RELIGION** _____

CATHOLIC SCHOOLS ATTENDED: None _____ Elementary _____ High School _____ College _____ Grad. School _____

PARISH WHERE YOU ARE REGISTERED _____

APPLICATION FEE (\$50.00) _____

Siblings: _____ **Age:** _____ **School** _____ **Grade** _____

_____ **Age:** _____ **School** _____ **Grade** _____

How would you like outgoing mail to be addressed? (Dr., Mr. & Mrs., Ms., etc.)

Name _____

Address _____

Email address _____