

St. John the Evangelist School

Form D – REGISTRATION FORM

2023-2024

FOR NEW STUDENTS ONLY

Please include the following items with the form:

- Registration fee of \$75.00 (non-refundable, not required for Parental Choice Program families)
- Birth and Baptismal Certificate must be presented.

Today's Date ____/____/____

Student Information		
Student's Legal Name:		
Student's Primary Address (Street Address/City/Zip)		
Date of Birth (mm/dd/yyyy) ____/____/____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Child's Religion:
Grade (for 2023-24):	If K4, circle Full Day or Half Day	
Ethnicity Is the student Hispanic or Latino? Y/N	What is the student's race? <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/other Pacific Islander	

Parent/Guardian 1	
Name (Last, First)	
Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	
Address (if different than student's primary address):	City/State/Zip
Home/Cell Phone:	Employer:
Occupation:	Religion:
Email Address:	

Parent/Guardian 2	
Name (Last, First):	
Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	
Address (if different than student's primary address):	City/State/Zip
Home/Cell Phone:	Religion:
Occupation:	Employer:
Email Address:	

PLEASE COMPLETE BACK SIDE

Last School Attended:			
Address:		City/State/Zip	
Has your child been subject to disciplinary action by school officials?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please explain.			
Please indicate if your child has any special education needs.			
Does your child have an individualized education plan (IEP)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child ever been held back/retained?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child ever been expelled or is he/she pending expulsion?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe health concerns, if any			
Is your family a registered member of St. John the Evangelist Parish?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, are you a member of another parish? (Parish Name)			
FOR CHILDREN GRADE 3 OR ABOVE: Has your child received First Communion and/or First Reconciliation?			
First Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Church/City/State
First Reconciliation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Church/City/State

Signatures	
As parent/legal guardian, I verify that all the information on this form is true to the best of my knowledge	
Signature:	Date:
Signature:	Date:

For Office Use Only	
Birth Certificate	Date _____ City _____ State/County _____
Baptism:	Date _____ Church _____ Place: _____
Registration Fee	\$75.00 Paid _____ <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ Date _____
Pastor's Approval	_____ Date _____ MPCP ____ WPCP ____