

St. John the Evangelist School

Form D – REGISTRATION FORM

2021-2022

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	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Child's Religion:
Grade (for 2021-22):	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:

<i>For Office Use Only</i>	
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 ____