

St. John the Evangelist School K4 through Grade 8

REGISTRATION FORM FOR NEW STUDENTS ONLY

2020-2021 SCHOOL YEAR

Please include the following items with this form:

Today's Date: _____

- Registration Fee of \$75.00 (non-refundable, not required for Parental Choice Families)
- Birth and Baptismal certificate must be presented

Child's Name _____
Last First M.I.

Grade _____ (for 2020-21)

For K4, circle: **Full Day** or **Half Day**

Race/Ethnicity [] White Non-Hispanic [] Native American [] Asian [] Hispanic [] Black Non-Hispanic

Date of Birth _____ Gender (circle) **M** **F** Child's Religion _____

Child's Address _____

City/Zip _____

Does child live with both parents together? ____ Yes ____ No

Father's Name _____ Religion: _____
Last First

Occupation: _____ Employer _____

Home/Cell Phone _____

Mother's Name _____ Religion: _____
Last First (Maiden Name)

Occupation: _____ Employer _____

Home/Cell Phone _____

Family Email Address(es) _____

School Last Attended: _____

Address: _____ City _____ State _____ Zip _____

Has your child been subject to disciplinary action by school officials? ___ Yes ___ No

If Yes, please explain: _____

Please indicate if your child has any special educational needs: _____

Does your child have an individualized education plan (IEP)? ___ Yes ___ No

Has your child ever been held back/retained? ___ Yes ___ No

Has your child ever been expelled or is he/she pending expulsion? ___ Yes ___ No

Describe health concerns, if any (use back of this sheet if needed) _____

Registered Member of St. John the Evangelist Parish? [] Yes [] No

If no, Name of Parish _____

FOR CHILDREN GRADE 3 OR ABOVE: Has your child received First Communion and/or First Reconciliation?

First Communion [] Yes [] No Date _____ Church _____ Place _____

First Reconciliation [] Yes [] No Date _____ Church _____ Place _____

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 _____ [] Cash [] Check # _____ Date _____

Pastor's Approval _____ Date _____ **MPCP** ___ **WPCP** ___