



ST. JOHN
THE APOSTLE
CATHOLIC SCHOOL

est. 1844

2017-2018

New Student Registration

RELIGIOUS AFFILIATION

- SJA Parish
- Home Parish: _____
- Non-Practicing Catholic
- Non- Catholic

SACRAMENT HISTORY

- Baptism:** ____/____/____
Parish _____
City/State _____
- Reconciliation:** ____/____/____
Parish _____
City/State _____
- First Eucharist:** ____/____/____
Parish _____
City/State _____

EDUCATION & TRANSFER INFORMATION

- School & District Last Attended: _____
- Date of Transfer: _____
- Reason for Transfer: _____

STUDENT'S ETHNIC ORIGIN

- African American Asian Caucasian
- Hispanic Native American
- Pacific Island Other

STUDENT LIVES WITH:

- Both Parents Mother Father
- Joint Custody Stepfather Stepmother
- Guardian Foster Parents

REGISTRATION DOCUMENTS – Include the following:

- New Student Application Copy of Birth Certificate
- Baptismal Certificate
- Immunization Form School Records Request
- Emergency & Extended Care Form Photo/Video Permission
- Movie Permission

Student's Full Name: _____
 Name to be used at school: _____
 Gender: M F Date of Birth: ____/____/____
 Registering for Grade: _____
 Child resides with: _____
 Birthplace(city, state) _____
 Student's Religion: _____

Father's Name: _____
 SJA Alumni: Yes ___ No ___ Years attending SJA: _____ Name while attending SJA: _____
 Address: _____
 City, State, Zip: _____
 Home Phone: _____
 Cell Phone: _____
 Work Phone: _____ Employer: _____
 Email Address: _____
 Father's Religion: _____

Mother's Name: _____
 SJA Alumni: Yes ___ No ___ Years attending SJA: _____ Name while attending SJA: _____
 Address: _____
 City, State, Zip: _____
 Home Phone: _____
 Cell Phone: _____
 Work Phone: _____ Employer: _____
 Email Address: _____
 Mother's Religion: _____

Sibling(s) not applying to SJA School

Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____
Name: _____	Date of Birth: _____

I /we request enrollment for the above child at St. John the Apostle Catholic School. I/we accept my/our responsibility to St. John's and agree to make all financial payments on time. I/we further commit to following the school rules and regulations and agree to share my/our personal concerns in written form relative to policies and procedures with the appropriate school personnel. I/we agree to support the parish community where registered, by attending weekend liturgies and other activities. I/we understand that each SJA school family is required to participate in fundraising efforts for a minimum number of hours.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Printed Name: _____