

**ST. JOHN'S SCHOOL**  
**1 W CHISHOLM ST. DULUTH, MN 55803**  
**K-6 REGISTRATION FORM**

**STUDENT INFORMATION**

<hr/>	<hr/>	<hr/>	<hr/>
Last Name (Legal Only)	First Name (Legal Only)	Middle Name	Entering Grade
<hr/>	<hr/>	<hr/>	
Date of Birth	Place of Birth	Age by Sept. 1	
<hr/>	<hr/>	<hr/>	
School Last Attended	Address	City	State
<hr/>	<hr/>	<hr/>	<hr/>
Catholic Parish: St. John's St. Joseph's Other _____			
Non Catholic _____			

**ADDRESS**

<hr/>	<hr/>	<hr/>
Street Address	City	State
<hr/>	<hr/>	<hr/>
Zip Code	Home Telephone Number	Student Living With (please specify relationship) e.g. Both Parents, Mother, Father, Other
<hr/>	<hr/>	<hr/>

**PARENT INFORMATION**

<hr/>	<hr/>	<hr/>	<hr/>
Father's Name	Place of Employment	Work #	Ext. #
<hr/>	<hr/>	<hr/>	<hr/>
Cell #	Address (if different than above)	City, State, Zip Code	
<hr/>	<hr/>	<hr/>	
Mother's Name	Place of Employment	Work #	Ext. #
<hr/>	<hr/>	<hr/>	<hr/>
Cell #	Address (if different than above)	City, State, Zip Code	
<hr/>	<hr/>	<hr/>	

**ENROLLMENT OPTIONS / SIBLINGS**

Please check the following preferences:  
**Kindergarten**    Half-day                      Full-day (Please attach a copy of your child's baptismal certificate)

Social Security Number (Kindergarten and new enrollment) \_\_\_\_\_

Please list Siblings:

1. 1.      Name \_\_\_\_\_ Birthdate \_\_\_\_\_

2. 2.      Name \_\_\_\_\_ Birthdate \_\_\_\_\_

3. 3. Name \_\_\_\_\_ Birthdate \_\_\_\_\_

**OFFICE USE**

_____	_____	_____
Date of Registration	Date Enrolled	Date Transferred
Deposit Ck # _____	Date _____ Amt. _____	Baptismal Certificate Birth Certificate