

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

STUDENT INFORMATION

| | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------|--|----------------|--|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| _____ | | _____ | | _____ | | _____ | |
| Last Name (Legal Only) | | First Name (Legal Only) | | Middle Name | | Entering Grade | |
| _____ | | _____ | | _____ | | _____ | |
| Date of Birth | | Place of Birth | | Age by Sept. 1 | | <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> White <input type="checkbox"/> Multiracial <input type="checkbox"/> Native Hawaiian/Pacific <small>*We do not discriminate due to religion or race, the information is needed for reporting purposes.</small> | |
| _____ | | _____ | | _____ | | | |
| School Last Attended | | Address | | City | | | |
| _____ | | _____ | | _____ | | _____ | |
| <input type="checkbox"/> Catholic Parish: <input type="checkbox"/> St. John's <input type="checkbox"/> St. Joseph's <input type="checkbox"/> Other _____ <input type="checkbox"/> Non Catholic | | | | | | | |

ADDRESS

| | | | | | |
|----------------|--|-----------------------|--|-----------------------------------------------------------------------------------------------|--|
| _____ | | _____ | | _____ | |
| Street Address | | City | | State | |
| _____ | | _____ | | _____ | |
| Zip Code | | Home Telephone Number | | Student Living With (please specify relationship) e.g. Both Parents, Mother, Father, Other | |
| _____ | | _____ | | _____ | |

PARENT INFORMATION

| | | | | | | | |
|----------------------|--|-----------------------------------|--|--------|-----------------------|--------|--|
| _____ | | _____ | | _____ | | _____ | |
| Father's Name | | Place of Employment | | Work # | | Ext. # | |
| _____ | | _____ | | _____ | | _____ | |
| Cell # | | Address (if different than above) | | | City, State, Zip Code | | |
| _____ | | _____ | | | _____ | | |
| Mother's Name | | Place of Employment | | Work # | | Ext. # | |
| _____ | | _____ | | _____ | | _____ | |
| Cell # | | Address (if different than above) | | | City, State, Zip Code | | |
| _____ | | _____ | | | _____ | | |
| E-mail Address _____ | | | | | | | |

ENROLLMENT OPTIONS / SIBLINGS

| | |
|-----------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Please check the following preferences: | |
| Kindergarten <input type="checkbox"/> Half-day <input type="checkbox"/> Full-day | (Please attach a copy of your child's baptismal certificate) |
| Social Security Number (Kindergarten and new enrollment) _____ | |
| Please list Siblings: | |
| 1. Name _____ | Birthdate _____ |
| 2. Name _____ | Birthdate _____ |
| 3. Name _____ | Birthdate _____ |

OFFICE USE

| | | | | | |
|-------------------------------------------------------------------------|--|------------------------------------------------|--|--------------------------------------------|--|
| _____ | | _____ | | _____ | |
| Date of Registration | | Date Enrolled | | Date Transferred | |
| _____ | | _____ | | _____ | |
| <input type="checkbox"/> Deposit Ck # _____ Date _____ Amt. _____ | | <input type="checkbox"/> Baptismal Certificate | | <input type="checkbox"/> Birth Certificate | |