

St. John De La Salle Catholic Academy

Information Sheet

School Year 2021 -2022

Registration Date \_\_\_\_\_

New Students \_\_\_\_\_

Gender: M \_\_\_ F \_\_\_

Birth Certificate \_\_\_\_\_

Health Records \_\_\_\_\_

Academic Records \_\_\_\_\_

Baptismal Certificate \_\_\_\_\_

Student Name: \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Address: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email address: \_\_\_\_\_

Parent Information

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Address (if different): \_\_\_\_\_ Address (if different): \_\_\_\_\_

Cell Phone :(\_\_\_\_) \_\_\_\_\_ Cell Phone :(\_\_\_\_) \_\_\_\_\_

Home Phone :(\_\_\_\_) \_\_\_\_\_ Home Phone :(\_\_\_\_) \_\_\_\_\_

Business Phone :(\_\_\_\_) \_\_\_\_\_ Business Phone :(\_\_\_\_) \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

Place of Fellowship: \_\_\_\_\_ Place of Fellowship: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Parent's Marital Status (Circle One) Married Separated Divorced Widowed Single

Student resides with (Circle One) Both Parents Mother Father Other (specify) \_\_\_\_\_

Name of Guardian/Foster Parent: \_\_\_\_\_

Proof of guardianship must be provided: i. e. birth certificate, 1040 tax form, adoption papers or court document.

**PLEASE FILL OUT THE REVERSE SIDE OF THIS FORM**

**Names and grade level of sibling (s) attending St. John.**

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Name** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

**Does your child have any physical disabilities? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If yes, please explain:** \_\_\_\_\_

**List any allergies:** \_\_\_\_\_

**In case of emergency or illness whom may we contact? List two names**

**Name** \_\_\_\_\_ **Phone Number ( )** \_\_\_\_\_

**Name** \_\_\_\_\_ **Phone Number ( )** \_\_\_\_\_

**Person(s) who are allowed to pick up your child:** \_\_\_\_\_

**Person (s) who are not allowed to pick up your child:** \_\_\_\_\_

**Name of last school attended:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**How did you learn about St. John de la Salle Catholic Academy?**

**Referred by:** \_\_\_\_\_