

St. John De La Salle Catholic Academy

Information Sheet

School Year 2022 -2023

Registration Date _____

New Students _____

Gender: M ___ F ___

Birth Certificate _____

Health Records _____

Academic Records _____

Baptismal Certificate _____

Student Name: _____ Birthdate ___/___/___ Grade _____

Address: _____ Home Phone: () _____

City: _____ State: _____ Zip Code: _____

Mother Email: _____ Father Email: _____

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: _____