

**ST. JOHN THE BAPTIST CATHOLIC  
ELEMENTARY SCHOOL REGISTRATION**

315 N. Constitution Ave.  
New Freedom, PA. 17349  
(717)235-3525

School Year: \_\_\_\_\_

REGISTRATION FEE: \$100.00 Check No. \_\_\_\_\_ Cash \_\_\_\_\_

**STUDENT INFORMATION**

Name \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_  
Last First Middle

Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_ Ethnicity \_\_\_\_\_

Religion \_\_\_\_\_ Grade child will be entering \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Child lives with:  Both parents  Mother  Father  Other Legal Custody (court papers required)

Parents are:  Married  Widowed  Divorced  Separated  Unmarried

Baptism Date \_\_\_\_\_ Name of church and location \_\_\_\_\_

First Reconciliation Date \_\_\_\_\_ Name of church and location \_\_\_\_\_

First Eucharist Date \_\_\_\_\_ Name of church and location \_\_\_\_\_

Public School District of Residence \_\_\_\_\_

School last attended \_\_\_\_\_ From Grade \_\_\_\_\_ to Grade \_\_\_\_\_

List any school child has attended: Grade(s) \_\_\_\_\_ Year(s) \_\_\_\_\_

Has child ever repeated a grade? \_\_\_\_\_

Does child have difficulty learning? \_\_\_\_\_

Does child have any behavior problems? \_\_\_\_\_

List all auxiliary services child has received :(ex:Title 1, Speech Therapy, etc.) \_\_\_\_\_

Check all special programs child has attended:

Learning support \_\_\_\_\_ Gifted \_\_\_\_\_ Life Skills \_\_\_\_\_

Early intervention \_\_\_\_\_ Remedial \_\_\_\_\_

Emotional support \_\_\_\_\_ Other \_\_\_\_\_

Has child previously been offered an Individualized Education Program (IEP)? \_\_\_\_\_

If yes, list date/grade \_\_\_\_\_

Primary language? \_\_\_\_\_ What language is spoken at home? \_\_\_\_\_

**FAMILY INFORMATION:**

Father/Guardian's name \_\_\_\_\_ Phone \_\_\_\_\_ Cell# \_\_\_\_\_

Address \_\_\_\_\_

Occupation and place of employment \_\_\_\_\_

Work phone \_\_\_\_\_

Home e-mail address \_\_\_\_\_ Religion \_\_\_\_\_

Mother/Guardian's name \_\_\_\_\_ Phone \_\_\_\_\_ Cell# \_\_\_\_\_

Address \_\_\_\_\_

Occupation and place of employment \_\_\_\_\_

Work Phone \_\_\_\_\_

Home e-mail address \_\_\_\_\_ Religion \_\_\_\_\_

Siblings: (please indicate ages and whether they live with the child)

\_\_\_\_\_  
\_\_\_\_\_

Are you presently a registered member of St. John the Baptist Parish? YES \_\_\_\_\_ NO \_\_\_\_\_