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_____