## ST. JOHN THE BAPTIST CATHOLIC SCHOOL CHANGE OF INFORMATION FOR RETURNING STUDENTS

Return <u>only</u> if there are changes to your Child's information.

## STUDENT INFORMATION

| Name                                       |   | M          | F              |
|--|---|------------|----------------|
| Last                                       | First Middle                                |            |                |
|  | rthEthnicity                                |            |                |
| Religion                                   | Grade child will be                         |            |                |
|  | circle which class your child will be atten |            |                |
| Child lives with:   Both parents   M       | other □ Father □ Other Legal Custody        | (court par | pers required) |
|  | □ Divorced □ Separated □ Unmarr             |            |                |
|  | hurch and location                          |            |                |
|  | me of church and location                   |            |                |
| First Eucharist Date Name                  | of church and location                      |            |                |
|  |   |            |                |
|  | From Grade                                  | to G1      | ade            |
|  | Year(s)                                     |            |                |
|  | Has child ever repeated                     |            |                |
|  | Does child have difficult                   |            |                |
|  | Does child have any beh                     |            |                |
| List all auxiliary services child has rece | eived :(ex: Title1, Speech Therapy, etc.)_  |            |                |
| Check all special programs child has at    |   |            |                |
|  | Gifted Life Skills                          |            |                |
| Early intervention                         | Remedial                                    |            |                |
| Emotional support                          | Other                                       |            |                |
|  | ndividualized Education Program (IEP)_      |            |                |
| If yes, list date/grade                    |   |            | <del></del>    |
| Drimary language?                          | What language is spoken at home?            |            |                |
| Timary language:                           | what language is spoken at nome:            |            |                |
|  | AMILY INFORMATION:                          | ~ 11       |                |
|  | Phone                                       | _Cell#     |                |
| Address                                    |   |            |                |
| <u> </u>                                   |   |            |                |
| Work phone                                 |   |            |                |
| Home e-mail address                        | Religion                                    |            |                |
|  | Phone                                       |            |                |
| Address                                    |   |            |                |
| Occupation and place of employment _       |   |            |                |
| Work Phone                                 | <u> </u>                                    |            |                |
| Home e-mail address                        | Religion                                    |            | <del></del>    |
| Siblings: (please indicate ages and whe    | ther they live with the child)              |            |                |
|  |   |            |                |
|  |   |            |                |
| Are you presently a registered member      | of St. John the Bantist Parish? YES         | NO         | )              |