


2022-2023 Registration

☐ **K-8 Registration:**

☐ **Pre-Kindergarten Program**

☐ PK- 3 (3 yr old) ☐ PK- 4 (4 yr old)

Please Select Days

☐ MTWTF All Day ☐ MTWTF AM Only

☐ MWF All Day ☐ MWF AM Only

STUDENT INFORMATION:

(1) Students Name _____ **Date of Birth** _____ **Gender:** ☐ Male or ☐ Female
First M.I. Last

Grade entering _____ **Name of last school attended** _____

-Child's Race (for Federal statistical purposes only) ☐ American Indian ☐ Alaska Native ☐ Asian

☐ Black or African American ☐ Hawaiian or other Pacific Islander ☐ White

-Child's Ethnicity (For Federal statistical purposes only) ☐ Latino ☐ Hispanic ☐ Non-Latino or Hispanic

(2) Students Name _____ **Date of Birth** _____ **Gender:** ☐ Male or ☐ Female
First M.I. Last

Grade entering: _____ **Name of last school attended** _____

-Child's Race (for Federal statistical purposes only) ☐ American Indian ☐ Alaska Native ☐ Asian

☐ Black or African American ☐ Hawaiian or other Pacific Islander ☐ White

-Child's Ethnicity (For Federal statistical purposes only) ☐ Latino ☐ Hispanic ☐ Non-Latino or Hispanic

**For additional children please attach a sheet of paper with above information included*

Primary Phone Number _____ **Cell Phone:** _____

Home Address _____ **City** _____ **State** _____ **Zip** _____

School District You Live In _____

MEDICAL INFORMATION:

Allergies: _____ **Physical/Medical Concerns** _____

Medication: ☐ NO ☐ YES **Name/Time of Medication:** _____

NO Medication can be given without signed parent permission AND a signed doctor's order. Please request a form from the school office.

Hospital Preference: ☐ St. John's ☐ Memorial

In the event of an emergency, do we have your permission to contact emergency medical services and/or take necessary steps to get treatment for your child? ☐ Yes ☐ No

Parent Signature _____ **Date** _____

(PLEASE TURN OVER AND FILL OUT PARENTAL INFORMATION)

Parent One InformationLast Name _____ First Name _____ ☐ Married ☐ Single

Primary Phone Number _____ Cell Phone: _____

Home Address _____ City _____ State _____ Zip _____

E-mail Address: _____

Employer: _____ Business Phone: (____) _____

If Remarried, Name of Current Spouse _____ Cell Phone: _____

Parent Two Information☐ *Same Household as Parent One*Last Name _____ First Name _____ ☐ Married ☐ Single

Primary Phone Number _____ Cell Phone: _____

Home Address _____ City _____ State _____ Zip _____

E-mail Address: _____

Employer: _____ Business Phone: (____) _____

If Remarried, Name of Current Spouse _____ Cell Phone: _____

Child living with: *(Please check all that apply)*☐ Mother and Father ☐ Mother Only ☐ Mother and StepFather ☐ Mother Deceased ☐ Other _____
☐ Father Only ☐ Father and StepMother ☐ Father DeceasedCustodial Parent: ☐ Mother and Father ☐ Mother ☐ Father ☐ Other _____☐ Check if you have an Order of Protection**Office Use:**☐ Registration Fee Paid. Ck# _____ or cash☐ Birth Certificate☐ Physical/ Immunizations (Date: _____)☐ Baptismal Certificate☐ Dental Exam _____ ☐ Eye Exam _____☐ Records Release Signed