



St. John Fisher School

Student Registration

2026-2027

Date Received:	
<input type="checkbox"/>	Registration Deposit
<input type="checkbox"/>	Birth Certificate
<input type="checkbox"/>	Baptismal Certificate
<input type="checkbox"/>	Most recent report card

Family Information			
Father's Name		Mother's Name	
Father's Phone		Mother's Phone	
Father's Email		Mother's Email	
Address		City & Zip	
Parishioner Status: <input type="checkbox"/> Parishioner <input type="checkbox"/> Non-Parishioner <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic			
Is your child baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Student Information								
Child's Name	Birthdate	Race	Hispanic / Latino	Grade K-8	Preschool *			
					3-day AM	5-day AM	3-day Full-time	5-day Full-time
1.								
2.								
3.								
4.								

***3-year-old preschool options:** 3-day a.m., 5-day a.m., 3-day Full-time and 5-day Full-time.

***4-year-old preschool options:** 5-day a.m., 3-day Full-time and 5-day Full-time.

Half-day preschool is from 7:55 a.m.-11:15 a.m. and may not include "Specials"(art, gym, computers etc.) classes.

3-day preschool is on Tuesday, Wednesday and Thursday.

Academic History			
Early Intervention			
Last School Attended:		Grades:	
1. Has your child ever been diagnosed with any academic, medical, physical or emotional needs that would impact his/her performance in the classroom? <i>If yes, an IEP or other documentation must be submitted with your child's registration.</i> _____			
2. Did your child receive Early Intervention Services? YES / NO _____			

Non-Refundable \$100 Deposit	Date Received
* Due with Registration Form	Check #
	Cash

COPIES OF BIRTH AND BAPTISMAL CERTIFICATES MUST BE TURNED IN WITH THIS REGISTRATION FOR NEW STUDENTS.

St. John Fisher School Registration

STUDENT INFORMATION

Child's Full Name _____

Gender Male _____ Female _____

Child lives with Both parents _____ Mother _____ Father _____ Other _____

Local Public School _____

PARENT INFORMATION

Mother's Name _____ Alumna Yes _____ No _____

Mother's Home Phone _____ Mother's Cell Phone _____

Mother's Place of Employment _____

Work Address _____ Work Phone _____

Father's Name _____ Alumnus Yes _____ No _____

Father's Home Phone _____ Father's Cell Phone _____

Father's Place of Employment _____

Work Address _____ Work Phone _____

Step-Parent's Name (if applicable) _____ Phone Number _____

Parish Envelope Number _____

Parish Where Family is a Member _____

Parents' Marital Status _____

EMERGENCY INFORMATION

Dr. Name _____ Dr. Phone Number _____

Dentist Name _____ Dentist Phone Number _____

Emergency Contact Name #1 _____ Relationship _____

Phone Number _____

Emergency Contact #2 _____ Relationship _____

Phone Number _____

Allergies _____

Medical Considerations _____