



## St. John Fisher School

### Student Registration 2020-2021

<b>Date Received:</b>	
<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

\*Four-year-old preschoolers are encouraged to attend 5 half-days or 5 full-days.  
 Half-day preschool is from 7:50am-10:45am. 3-day preschool is on Tuesday, Wednesday and Thursday.

School History			
Last School Attended:		Grades:	
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> _____ _____ _____			

<b>Non-Refundable \$50 Deposit</b>	<b>Date Received</b>
* Due with Registration Form	<b>Check #</b>
	<b>Cash</b>

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

# St. John Fisher School Registration

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## 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 \_\_\_\_\_