

# NEW STUDENT SJB REGISTRATION FORM

## 2012-2013

Student's Name: \_\_\_\_\_ Birth date \_\_\_\_\_ Gender \_\_\_\_\_ Grade Entering \_\_\_\_\_

Street Address \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Primary Email Address: \_\_\_\_\_

Student's Country Origin: \_\_\_\_\_ (Leave blank if student was born in the United States)

Student's Ethnicity: \_\_\_\_\_ Pick a code from below

**A**=Asian, **B**=Black or African American, **H**=Hispanic or Latino, **N**=American Indian or Alaskan Native, **P**=Native Hawaiian or Other Pacific Islander, or **W**=White

### IF PRE-SCHOOL, PRE-KINDERGARTEN, OR KINDERGARTEN – PLEASE CHECK ONE:

#### 3 Year Old Preschool: 8:15 AM – 11:15 AM

\_\_\_\_\_ 5 Day M-F                      \_\_\_\_\_ 3 Day T, Th, F                      \_\_\_\_\_ 2 Day M,W

#### 4 Year Old Pre-Kindergarten: 8:15 AM – 11:15 AM

\_\_\_\_\_ 5 Day M-F                      \_\_\_\_\_ 3 Day T, Th, F

\_\_\_\_\_ Preschool/Pre-Kindergarten Extended Day 11:15am-3:00 pm

#### Kindergarten

\_\_\_\_\_ Full Day                      \_\_\_\_\_ Half day

#### Before/After School Extended Day

\_\_\_\_\_ 7:05 am – 8:05 am

\_\_\_\_\_ 3:00 pm-6:00 pm

Last School Attended: \_\_\_\_\_ Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Reason for transfer: \_\_\_\_\_

## Sacraments

Was the student baptized? **Yes** or **No** at St. John Brebeuf? **Yes** or **No**

If **Yes** (other than SJB), Name of parish and date of where the student was baptized.

Church: \_\_\_\_\_ Date of baptism: \_\_\_\_\_

**Please submit a copy of baptism certificate to the office for the student's file.**

Has the student made first communion? **Yes** or **No** at St. John Brebeuf? **Yes** or **No**

If **Yes** (other than SJB), Name of parish and date of where the student made first communion.

Church: \_\_\_\_\_ Communion Date: \_\_\_\_\_

Has the student made first reconciliation? **Yes** or **No** at St. John Brebeuf? **Yes** or **No**

If **Yes** (other than SJB), Name of parish and date of where the student made first reconciliation.

Church: \_\_\_\_\_ Date of reconciliation: \_\_\_\_\_

## Medical Information

List your child's allergies: \_\_\_\_\_

Does your child require medication at school? **Yes** or **No**

If **yes**, what medication and reason for. \_\_\_\_\_

Does your child have visual or hearing problems? Explain. \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date: \_\_\_\_\_