

# NEW STUDENT SJB REGISTRATION FORM

Family Name\_\_\_\_\_

Student Name(First)\_\_\_\_\_M.I.\_\_\_\_\_(Last)\_\_\_\_\_

Address\_\_\_\_\_ City, State, Zip\_\_\_\_\_

Home Phone #\_\_\_\_\_ Grade Entering\_\_\_\_\_ Male\_\_\_ Female\_\_\_

Date of Birth\_\_\_\_\_ Birthplace(City & State/Country)\_\_\_\_\_

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

Pre-School 3 Yr. A.M. (Monday, Tuesday, Wednesday)\_\_\_\_\_

Pre-Kindergarten 4 Yr. A.M (5 days)\_\_\_\_\_

Pre-Kindergarten 4 Yr. P.M. (Wednesday, Thursday, &Friday)\_\_\_\_\_

Kindergarten –half day\_\_\_\_\_ Kindergarten-fullday\_\_\_\_\_

Pre-Kindergarten extended day\_\_\_\_\_

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

City, State, Zip\_\_\_\_\_ Reason for Transfer\_\_\_\_\_

Religion\_\_\_\_\_

### ETHNIC/RACIAL BACKGROUND

(please check one)

Asian\_\_\_\_\_

Black Non-Hispanic\_\_\_\_\_

Hispanic\_\_\_\_\_

Native American\_\_\_\_\_

(American Indian)

White Non-Hispanic\_\_\_\_\_

Bi-Racial\_\_\_\_\_

### SACRAMENTAL INFORMATION

Date Church

Baptism\_\_\_\_\_

Reconciliation\_\_\_\_\_

1<sup>st</sup> Communion\_\_\_\_\_

Confirmation\_\_\_\_\_

### MEDICAL INFORMATION

Illness/Allergy/Disability

Medication/s taken and when\_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN\_\_\_\_\_

DATE\_\_\_\_\_