

# Grades 1-6 Registration Form

Saint John the Baptist Catholic School

Today's Date \_\_\_\_\_

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Student's First Name      Middle Initial      Last Name      Nick Name

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Birthdate      Age      Place of Birth

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Home Street Address      City      Zip Code

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Home Phone Number      Cell Phone      E-mail

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Baptismal Date      Church      City      State

\_\_\_\_\_ Registered Members of Saint John the Baptist Catholic Church

\_\_\_\_\_ Other Parish/Church Name

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Father/Guardian Name

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Mother/Guardian Name

I was referred to Saint John the Baptist Catholic School by: \_\_\_\_\_

Please include the registration fee of \$200.00 \_\_\_\_\_

This fee will be deducted from your tuition bill in the fall of the year enrolled.

\_\_\_\_\_ Yes, you may add my name, address, phone number and e-mail to the School Buzz Book (School Directory).