

# ST. JOHN'S CHURCH SCHOOL REGISTRATION 2019-20

## PARENTS INFORMATION

MOTHER'S NAME: \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

MOTHER'S PHONE: \_\_\_\_\_

MOTHER'S EMAIL: \_\_\_\_\_

FATHER'S PHONE: \_\_\_\_\_

FATHER'S EMAIL: \_\_\_\_\_

WOULD YOU BE INTERESTED IN HELPING THE CHURCH SCHOOL IN ANYWAY?

YES  No

WHICH EMAILS WOULD YOU LIKE TO BE ADDED TO THE CHURCH SCHOOL EMAIL  
UPDATE LIST?

\_\_\_\_\_

## STUDENT'S INFORMATION

NAME: \_\_\_\_\_

CALLED: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_

AGE: \_\_\_\_\_ MALE:  FEMALE:

GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

CONCERNS OR IMPORTANT INFORMATION:

\_\_\_\_\_

**STUDENT'S INFORMATION**

NAME: \_\_\_\_\_

CALLED: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_

AGE: \_\_\_\_\_ MALE:  FEMALE:

GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

CONCERNS OR IMPORTANT INFORMATION:  
\_\_\_\_\_

**STUDENT'S INFORMATION**

NAME: \_\_\_\_\_

CALLED: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_

AGE: \_\_\_\_\_ MALE:  FEMALE:

GRADE: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

ALLERGIES: \_\_\_\_\_

CONCERNS OR IMPORTANT INFORMATION:  
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