## SF St. John Fisher R E G I S T R A T I O N F O R M

STUDENT			
LAST	DATE OF BIRTH		
RST	PLACE OF BIRTH		
MIDDLE	RELIGION		
GRADE LEVEL/2021-22	GENDER		
STUDENTLIVESWITH O BOTH PARENTS O JOINT CUSTODY O STHEPARENTANALUMNUS OF SJFSCHOOL? O NO O YES Y	MOTHER STEPMOTHER STEPFATHER GUARDIAN  YEARS NAME WHILE ATTENDING		
ARENT1LASTNAME	PARENT 2 LASTNAME		
IRST MI	FIRST MI		
ELIGION	RELIGION		
OMEADDRESS:	HOME ADDRESS (if different)		
ZITY ZIP	CITY ZIP		
OME PH CELL PH	HOME PH CELL PH		
MAIL	EMAIL		
MPLOYERNAME	EMPLOYER NAME		
OSITION:	POSITION		
/ORK PHONE	WORK PHONE		
TEPPARENT LAST NAME (#Applicable)	FIRST MI RELIGION		
MPLOYER NAME	POSITION		
VORK PH CELL PH	EMAIL		
IBLINGS: Name & grade of siblings registering to attend St. John Fisher durin	ig the 2021-2022 school year:		
AME GRADE NAME	GRADE NAME GRADE		
AME GRADE NAME	GRADE NAME GRADE		
RANSFER: FROM WHICH SCHOOL IS THE STUDENT TRANSFI	ERRING?		
EASON			
AME OF YOUR <b>PARISH.</b> ARE YOUTE: In order to be eligible to receive the parish tuition subsidy, a family m	OU REGISTERED? YES NO ENVELOPE # nust be formally registered and financially participating with SJF Parish.		
O YOU ANTICIPATE REQUESTING FINANCIAL AID? YES O	NO POSSIBLY		
OTE: ALL REGISTRANTS MUST COMPLETE THE OTHER SIDE OF	THIS FORM.		
\$50.00 PER APPLICANT APPLICATION	CE USE ONLY************************************		
CASH DATE	CHECK # DATE		

STUDENT PROFILE INFORMATION				
THE FOLLOWING INFORMATION IS NECESSARY IN ORDER TO PROCESS YOUR REGISTRATION (TO BE COMPLETED FOR ALL STUDENTS)				
* Attach separate sheet if you prefer				
STUDENT NAME		GRADE LEVEL/2021-22		
1. Does the student have special needs in any of the following areas?				
Vision No Yes Explanation				
Hearing No Yes Explanation				
Allergies No Yes Explanation				
2. Is the student taking any regular medication?				
No Yes Type of Medication + Reason				
3. Is there any additional information about the student's health which the school should know?				
No Yes Explanation				
4. Has the student ever been referred to, or participated in, a "talented and gifted" learning program?				
No Yes Explanation				
5. Does the student have a documented history of behavioral/emotional problems?				
No Yes Explanation:				
6. Has the student undergone cognitive (psychological) testing before?				
No Yes Explanation				
7. Has other testing been done (e.g., speech/language, fine/gross motor skills, etc.)				
No Yes Type of Testing + Results				
8. Is there any additional information about the student's learning and/or behavioral needs which the school should know?				
No Yes Explanation				
I CERTIFY THAT ALL OF THE ABOVE RESPONSES ARE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.				
SIGNATURE OF PARENT OR GUARDIAN			DATE	
OISIWII SILE OF FAILE IT SILE OF INDIVITY			DATE:	
SACRAMENTAL INFORMATION: (TO BE COMPLETED FOR NEW STUDENTS ONLY)				
BAPTISM CHURCH	DATE (00/00/0000)	CITY/STATE		
RECONCILIATION CHURCH	DATE (00/00/0000)	CITY/STATE:		
FIRST COMMUNION CHURCH	DATE (00/00/0000)	CITY/STATE		
- I II/O1 GOIVINION ON IONOTI	DATE (00/00/0000)	OII I/STATE		

IMPORTANT: If your child is a new student at St. John Fisher School and has been baptized, you must provide a copy of the certificates for the aforementioned sacraments. Also, please include a copy of your child's birth certificate. Please attach these copies to your completed registration form when you submit it to the school office. Thank you.