

**ST. JOHN BOSCO PARISH SCHOOL OF RELIGION (440) 886-0061
STUDENT REGISTRATION FORM
2024-2025**

Date Form Returned _____

Grade Entering _____

STUDENT'S LAST NAME _____ **FIRST NAME** _____ **MIDDLE NAME** _____

CITY OF BIRTH: _____ **BIRTHDATE:** _____

FATHER'S NAME: _____
LAST NAME FIRST NAME RELIGION

MOTHER'S NAME: _____
MAIDEN NAME CURRENT LAST NAME FIRST NAME RELIGION

HOME ADDRESS: _____
NUMBER AND STREET CITY ZIP CODE

TELEPHONE: (____) _____ (____) _____ (____) _____
HOME CELL # Additional contact #

EMAIL ADDRESS: _____

IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED, PLEASE LIST TWO PEOPLE:

NAME: _____ **PHONE:** (____) _____

NAME: _____ **PHONE:** (____) _____

PARENTS CURRENT MARITAL STATUS: _____

CHILD LIVES WITH: _____

WHO HAS CUSTODY OF THIS CHILD: _____

CORRESPONDENCE SHOULD BE MAILED TO: _____

PLEASE LIST ALL CATHOLIC SCHOOLS OR OTHER PARISH RELIGION PROGRAMS THIS CHILD HAS ATTENDED: _____
NAME OF SCHOOL OR PSR PROGRAM GRADES/YEARS ATTENDED

NAME OF SCHOOL CURRENTLY ATTENDING: _____ **GRADE:** _____

DOES YOUR CHILD HAVE ANY PHYSICAL, MENTAL, EMOTIONAL, BEHAVIORAL OR LEARNING DISABILITIES? YES NO **IF YES, PLEASE EXPLAIN:** _____

SACRAMENTS	DATE	CHURCH	CITY OF CHURCH
BAPTISM			
FIRST RECONCILIATION			
FIRST COMMUNION			
CONFIRMATION			

ARE THERE ANY OTHER CONCERNS OR ITEMS THAT WOULD BE HELPFUL FOR THE TEACHER TO KNOW? _____

IS CHILD CURRENTLY TAKING ANY PRESCRIBED MEDICATION? YES NO

IF YES, PLEASE LIST: _____