

St. John the Evangelist School

Form D – REGISTRATION FORM**2025-2026**

FOR NEW STUDENTS ONLY

Please include the following items with the form:

- Registration fee of \$75.00 (non-refundable, not required for Parental Choice Program families)
- Birth and Baptismal Certificate must be presented.

Today's Date ____/____/____

Student Information		
Student's Legal Name:		
Student's Primary Address (Street Address/City/Zip)		
Date of Birth (mm/dd/yyyy) ____/____/____	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Child's Religion:
Grade (for 2025-26):		
Ethnicity Is the student Hispanic or Latino? Y/N	What is the student's race? <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/other Pacific Islander	

Parent/Guardian 1	
Name (Last, First)	
Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	
Address (if different than student's primary address):	City/State/Zip
Home/Cell Phone:	Employer:
Occupation:	Religion:
Email Address:	

Parent/Guardian 2	
Name (Last, First):	
Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other:	
Address (if different than student's primary address):	City/State/Zip
Home/Cell Phone:	Religion:
Occupation:	Employer:
Email Address:	

PLEASE COMPLETE BACK SIDE