

# Registration Form

Saint John School  
9 Moon Street, Boston, MA 02113  
Tel: 617-227-3143  
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Web: [www.sjsne.com](http://www.sjsne.com)

## Part 1 of 2

**This section should be completed by a parent or guardian.**

Application for Admission to Grade \_\_\_\_\_  
For school year beginning September, 20\_\_\_\_\_  
Date of Application\_\_\_\_\_

### APPLICANT'S NAME

\_\_\_\_\_  
Last First Middle

### APPLICANT'S ADDRESS

\_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Home Telephone/E-Mail Date of Birth Place of Birth

\_\_\_\_\_  
Religion of Student Name of Parish City

### Child's Race (Check One)

White Asian African American Haitian Hispanic Multi Racial

### SACRAMENTS RECEIVED

Date of Baptism (Month/Day/Year)\_\_\_\_\_ Church and City\_\_\_\_\_  
Date of Penance (Month/Day/Year)\_\_\_\_\_ Church and City\_\_\_\_\_  
Communion Date (Month/Day/Year)\_\_\_\_\_ Church and City\_\_\_\_\_  
Confirmation Date (Month/Day/Year)\_\_\_\_\_ Church and City\_\_\_\_\_

### APPLICANT'S

#### PRESENT SCHOOL

\_\_\_\_\_  
Name Present Grade

\_\_\_\_\_  
Street City State Zip

#### NAME OF PARENTS

#### OR GUARDIANS

\_\_\_\_\_  
Mother's Maiden Name Place of Birth Religion

\_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Mother's Occupation Name of Company Address

Home Phone\_\_\_\_\_ Work Phone\_\_\_\_\_ E-

Mail\_\_\_\_\_

\_\_\_\_\_  
Father's Name Place of Birth Religion

\_\_\_\_\_  
Street City State Zip

\_\_\_\_\_  
Father's Occupation Name of Company Address  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-

Mail \_\_\_\_\_

Guardian  
Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

**SIGNATURE OF  
PARENT OR GUARDIAN**

\_\_\_\_\_  
Signature Date

**Part 2**

**Are parents Alumni of St. John School?** Yes No

Mother's Maiden Name \_\_\_\_\_ Class of \_\_\_\_\_

Father's Name \_\_\_\_\_ Class of \_\_\_\_\_

**APPLICANT'S  
GRANDPARENTS**

\_\_\_\_\_  
Maternal Address Zip

\_\_\_\_\_  
Paternal Address Zip

Are you planning to file for tuition assistance? Yes \_\_\_ No \_\_\_