

ST. JOHN THE BAPTIST SCHOOL  
418 UNITY CENTER ROAD  
PITTSBURGH, PA 15239-1320  
412-793-0555 FAX 412-793-4001

APPLICATION FOR REGISTRATION

Initial Application Date \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ GRADE ENTERING HERE \_\_\_\_\_  
SOCIAL SECURITY # \_\_\_\_\_ PHONE \_\_\_\_\_ E-MAIL \_\_\_\_\_  
CELL # \_\_\_\_\_ BEEPER # \_\_\_\_\_  
ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_ DISTRICT \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ LOCATION \_\_\_\_\_  
PRE-SCHOOL \_\_\_\_\_ ADDRESS \_\_\_\_\_  
KINDERGARTEN \_\_\_\_\_ ADDRESS \_\_\_\_\_  
PRESENTLY ATTENDING ELEMENTARY SCHOOL AT \_\_\_\_\_

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FATHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_  
FATHER'S OCCUPATION \_\_\_\_\_  
PRESENTLY EMPLOYED AT \_\_\_\_\_ WORK PHONE # \_\_\_\_\_  
MOTHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_  
(First) (Maiden)  
MOTHER'S OCCUPATION \_\_\_\_\_  
PRESENTLY EMPLOYED AT \_\_\_\_\_ WORK PHONE # \_\_\_\_\_

Marital Status: Married\_\_ Separated\_\_ Divorced\_\_ Single\_\_ Deceased Spouse\_\_  
If separated/divorced, with whom does the child live? \_\_\_\_\_  
Number other children in family\_\_ Ages \_\_\_\_\_

REGISTERED IN ST. JOHN THE BAPTIST PARISH Yes\_\_ No\_\_  
If not, which parish \_\_\_\_\_ Address \_\_\_\_\_

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SACRAMENTAL RECORDS	CHURCH	ADDRESS	DATE
BAPTISM	_____	_____	_____
PENANCE	_____	_____	_____
HOLY EUCHARIST	_____	_____	_____
CONFIRMATION	_____	_____	_____

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How did you find out about St. John's School? Pre-School\_\_ Neighbors\_\_ Flyers\_\_ Church Bulletin\_\_  
Friends\_\_ Newspapers\_\_ Church\_\_ Other \_\_\_\_\_

THANK YOU FOR CHOOSING CATHOLIC SCHOOLS WHERE GREAT BEGINNINGS LAST A LIFETIME

NOTES: