



Saint John
SCHOOL

Mother Elaine Moorcroft, S.C.M.C.
Principal

SAINT JOHN CATHOLIC SCHOOL
42 MAYNARD RD
OLD SAYBROOK, CT 06475
Phone: 860-388-0849 / Fax: 860-388-6265

**New Student
Registration**

A non-refundable \$100.00 Registration Fee is due upon the filing of this document: Date: _____ CK# _____

Grade Student Entering: _____ Year: _____ Student's Social Security Number _____

Name: _____ **Phone #:** _____
Last First Middle

Address: _____ **Parish:** _____

Date of Birth: _____ **Place of Birth:** _____ ☐ Male ☐ Female

School Entering from: _____

If a transfer student, reason for the transfer: _____

Has your child repeated any grade? ☐ Yes ☐ No **Which one?** _____ **Why?** _____

Are you aware of any problems or difficulties your child has experienced in the past year? ☐ Yes ☐ No

If yes, explain: _____

FAMILY INFORMATION

Father

Name: _____

Address: _____

City, State: _____ **Zip:** _____

Phone: (Home): _____ **Cell:** _____

Father's Religion: _____

Father's Employer: _____

Father's Email: _____

Mother

Name: _____

Address: _____

City, State: _____ **Zip:** _____

Phone: (Home): _____ **Cell:** _____

Mother's Religion: _____

Mother's Employer: _____

Mother's Email: _____

MARITAL STATUS: ☐ Married ☐ Divorced ☐ Other

Child lives with: ☐ Both Parents Together ☐ Both Parents Separately ☐ Mother ☐ Father ☐ Guardian / Other

If parents are not married:

Who has primary custody of the child?

Who is responsible for school bills?

Who receives report cards?

Who is responsible for making school-related decision?

Who should receive general school-related information?

☐ Both parents ☐ Mother ☐ Father ☐ Guardian / Other

☐ Both parents ☐ Mother ☐ Father ☐ Guardian / Other

☐ Both parents ☐ Mother ☐ Father ☐ Guardian / Other

☐ Both parents ☐ Mother ☐ Father ☐ Guardian / Other

☐ Both parents ☐ Mother ☐ Father ☐ Guardian / Other

Race or ethnicity: ☐ African American
☐ Hispanic

☐ Asian
☐ Native American

☐ Caucasian
☐ Multiracial

Primary Language Spoken at Home: _____

Child's Name: _____

TUITION INFORMATION

St. Pio Parishioner ☐ Yes ☐ No

Catholic ☐ Yes ☐ No
(Parishioner Diocese of Norwich)

Non-Catholic ☐ Yes ☐ No

Payment to be made by: ☐ Pay in Full by August 1st ☐ Use Facts Tuition Plan

PARISH INFORMATION

Check the appropriate box and provide the desired information.
*The Parish Affiliation Rate will be applied once Saint John Catholic Church
Received the Parish Affiliation from signed by the pastor of your church.*

☐ Registered/contributing member of Saint Pio Parish? Envelope #: _____

☐ Registered at another Parish, please specify name and address

Parish Name: _____ Address: _____

☐ Not registered at another parish / Non-Catholic

CHILD'S SACRAMENTAL LIFE

	Church	Town & State	Date
Baptism:	_____	_____	_____
First Penance:	_____	_____	_____
First Communion:	_____	_____	_____

☐ I would like my child to make First Holy Communion at Saint Pio Parish during the upcoming academic year.
*We must have a copy of your child's baptismal certificate on file before the start of school. If you child
has not been baptized, you will need to make arrangement with the Director of Religious Education,
Mrs. Lisa Collison at 860-388-3787 xt. 4 or faithform@saintpioct.org.*

Authorized Adults and Emergency Contacts:

Please list the adult(s) authorized to pick your child up from school:

Name: _____	Phone #: _____	Relationship to Child: _____
Name: _____	Phone #: _____	Relationship to Child: _____
Name: _____	Phone #: _____	Relationship to Child: _____

Whom should we contact in case you are unable to be reached in an emergency?

Name: _____	Phone #: _____	Relationship to Child: _____
Name: _____	Phone #: _____	Relationship to Child: _____
Name: _____	Phone #: _____	Relationship to Child: _____

Parent Signature: _____ **Date:** _____