



MaryAnne Poeschl
Principal

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

**New Student
Registration
2026-27
Grades K-8**

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

Grade Student Entering: _____ Year: _____ **Copy of Birth Certificate is due upon registration**

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: _____

Does student currently have an: IEP 504 Plan Special Accommodations

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?	<input type="checkbox"/> Both parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian / Other
Who is responsible for school bills?	<input type="checkbox"/> Both parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian / Other
Who receives report cards?	<input type="checkbox"/> Both parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian / Other
Who is responsible for making school-related decision?	<input type="checkbox"/> Both parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian / Other
Who should receive general school-related information?	<input type="checkbox"/> Both parents	<input type="checkbox"/> Mother	<input type="checkbox"/> Father	<input type="checkbox"/> Guardian / Other

Race or ethnicity: African American Asian Caucasian
 Hispanic Native American Multiracial

Primary Language Spoken at Home: _____

Child's Name: _____

TUITION INFORMATION

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 your 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: _____