

NEW STUDENT REGISTRATION FORM - GRADES 1 - 7

Office of Faith Formation St. John Neumann Church
157 Middleboro Rd PO Box 718 East Freetown, MA 02717
sjnreled@sjnfreetown.org 508-763-8122

Office use only
Date received

Student Information: If you have a copy of Baptism Certificate please submit with registration form. If not please contact church of Baptism and they will forward a copy to us. Please complete one form for each new student.

Name: _____
Last Name First Name Middle Name

Address: _____
Street City, Town State Zip

Date of Birth: _____ Place of Birth: _____

School Attending: _____ Grade _____

Baptism: Date: _____ Parish: _____ City: _____

First Eucharist: Date: _____ Parish: _____ City: _____

How many years of Faith Formation has this student completed? _____

Father's Name _____
First Name Last Name

Mother's Name: _____
First Name Maiden Name

Father's Religion: _____ Mother's Religion: _____

Previous Parish: _____ City/State: _____

STUDENT'S FAMILY - BROTHERS AND SISTERS:

Name	Grade	Name	Grade
1. _____	_____	2. _____	_____
3. _____	_____	4. _____	_____

PARENT/GUARDIAN MAILING INFORMATION:

Mr., Mrs. Mr & Mrs., Ms.

Street/PO/Box City/Town State Zip

Home Telephone: _____ email _____

Cell phone: _____ Father _____ Mother _____ Please * best cell # to use

EMERGENCY INFORMATION:

In an emergency, if parent or guardian cannot be reached, please notify:

Name: _____ Telephone: _____

Please note on the back of this form any allergies, special needs, or concerns for your child that we should be aware of.