

SAINT JOHN BOSCO SCHOOL

215 E. COUNTY LINE ROAD
HATBORO, PA 19040

STUDENT REGISTRATION INFORMATION

(Please Print)

DATE _____ **3 year-old** PRE-SCHOOL: 5 Full Days _____ 5 Half Days _____
3 Full Days _____ 3 Half Days _____

Child's Last Name _____ First _____ Middle Initial _____ Sex _____ Child's Social Security # _____

City and State of Birth _____ Birth Month/Day/Year _____ School District of Residence _____

Address _____ City _____ ZIP _____ Home Telephone # _____

Second Person to be contacted during school hours (include area code) _____

Last School Attended _____ # of Siblings: Brothers Younger/Older _____ Sisters: Younger/Older _____

Full Name of Father _____ Father's Place of Birth/Religion _____ Living: Y/N _____ Guardian (if applicable) _____ Occupation _____

Full Name of Mother (Maiden) _____ Mother's Place of Birth/Religion _____ Living: Y/N _____ Guardian (if applicable) _____ Occupation _____

Please check the phrase that best describes the present family situation:

Intact Family _____ Parents are separated _____ Parents--divorced- joint custody _____ Single Parent _____

Parents are divorced/Mother is remarried with custody _____ Parents are divorced/Father is remarried with custody _____

Single Parent---Mother with custody _____ Single Parent---Father with custody _____

Full name of parent/guardian with whom the child resides: _____

*****It is very important for the school to have a copy of the custody decree or any court order that affects your child.**

Name of person responsible for tuition payments: _____

Address (if other than above): _____

Religion which child is currently practicing: _____

Baptism Date _____ Church _____ City _____ State _____

Please describe any circumstances of which you feel we should be aware in teaching your child (use back of form if needed).