

Family Information for Admission
St. John the Baptist School
~A Foundation for Success...A Foundation for Life~

2028 Sandridge Road
Alden, NY 14004
716-937-9483

stjohnsschool@stjohnalden.com
www.stjohnsalden.com

PLEASE TYPE OR PRINT THE INFORMATION

Household Name: _____ Household Language: _____

Household Address: _____

Telephone: _____
Area Code _____

	No.	Street	PO Box #	City/Town	Zip
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Father's Name: _____

Father's Email: _____ Cell Phone: _____

	Last	First	Full Middle	Suffix
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Father's Occupation: _____ Title or Position: _____

Name of Company: _____ Business Phone: _____

Business Address: _____

	No.	Street	PO Box #	City/Town	Zip
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Mother's Name: _____

Mother's Email: _____ Cell Phone: _____

	Last	First	Full Middle	Maiden
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Mother's Occupation: _____ Title or Position: _____

Name of Company: _____ Business Phone: _____

Business Address: _____

	No.	Street	PO Box #	City/Town	Zip
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Guardian Name _____ Guardian e-mail _____
(if applicable) (if different from Household)

Guardian Address: _____

Telephone: _____ Cell Phone: _____
Area Code _____

	No.	Street	PO Box #	City/Town	Zip
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Student Legal Name: _____

	Last	First	Full Middle	Suffix
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Address: _____

	No.	Street	PO Box #	City/Town	Zip
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Telephone: _____ Birth Date: _____ School District: _____
Area Code _____

Birth Place: _____ Date Entered United States: _____
City State Country (If outside the United States)

Parish Affiliation: _____ Religion: _____

Present School: _____ Nickname: _____

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Check where appropriate: Parents together: _____ Parents Divorced: _____ Parents Separated: _____
*If parents are divorced, a copy of the custody agreement must be provided to the school.

Student resides with: Both parents: _____ Mother: _____ Father: _____ Guardian: _____

Student Ethnicity: ___Caucasian ___ Black ___ Hispanic ___ Asian ___ Alaskan ___ Multiracial ___ American Indian

Siblings (Name(s) & Age(s)): _____

Paternal Grandparents: _____

Address: _____
No. Street PO Box # City/Town Zip

Maternal Grandparents: _____

Address: _____
No. Street PO Box # City/Town Zip

Emergency Contacts besides parent(s), grandparent(s), guardian(s):

Name: _____ Relationship to student: _____
Address: _____ Telephone #: _____
Number Street City Zip
Business Phone: _____ Cell Phone: _____

Name: _____ Relationship to student: _____
Address: _____ Telephone #: _____
Number Street City Zip
Business Phone: _____ Cell Phone: _____

Name: _____ Relationship to student: _____
Address: _____ Telephone #: _____
Number Street City Zip
Business Phone: _____ Cell Phone: _____

Sacraments:

Baptism: _____
Date Church City

First Reconciliation: _____
Date Church City

First Eucharist: _____
Date Church City

Application Received: _____	Reviewed: _____	Accepted: _____
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Materials Sent: _____ Start Date _____ Registration Fee (if applic.) _____