

NEW STUDENT REGISTRATION FORM – GRADES 1 – 7
OFFICE OF FAITH FORMATION
St. John Neumann Church
157 Middleboro Road
East Freetown, MA 02717
sjnreled@sjnfreetown.org

Office use only Date received

STUDENT INFORMATION:

Baptism Certificate must be submitted with registration form.
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 _____

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 _____

Baptism: _____
Date Parish City

First Eucharist: _____

STUDENT'S FAMILY – BROTHERS AND SISTERS:

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

PARENT' GUARDIAN MAILING INFORMATION:

Address: _____
Mr., Mrs. Mr.&Mrs., Ms.

_____ Street/PO/Box City/Town State Zip

Home Telephone: _____ Cell Phone _____ email _____

Work Telephone: _____
Father Mother

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 or special needs for your child that we should be aware of.
(This information will be kept confidential)

