



# Saint John's School of Little Canada

2621 McMenemy Street Little Canada, MN 55117  
(651) 484-3038 • FAX (651) 481-1355  
[schooloffice@stjohnsoflc.org](mailto:schooloffice@stjohnsoflc.org) website: sjoflc.org

Grade: \_\_\_\_\_ Child's Religion: \_\_\_\_\_

Child's name: \_\_\_\_\_

last first middle

Date of birth: \_\_\_\_\_ Child's sex: (M/F) \_\_\_\_\_ City of birth: \_\_\_\_\_

Home phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Mom's cell phone: \_\_\_\_\_ Dad's cell phone: \_\_\_\_\_

Address: \_\_\_\_\_

street city zip

Local public school district: \_\_\_\_\_ School district #: \_\_\_\_\_

## FATHER

## MOTHER

<b>Name:</b>	full name	maiden	first	middle
<b>Place of birth:</b>				
<b>Occupation:</b>				
<b>Employer:</b>				
<b>Work phone:</b>				
<b>Religion:</b>				
<b>Marital status:</b>				

Child resides with (both, mother or father): \_\_\_\_\_

Name of second parent: (If applicable) \_\_\_\_\_

Address of second parent: (If applicable) \_\_\_\_\_

Home phone of second parent: (If applicable) \_\_\_\_\_

Work phone of second parent: (If applicable) \_\_\_\_\_

**Please list the method of transportation you plan to use during the 2012-2013 school year?**

(Roseville bus, White Bear bus, driven, or Saint John's Eagle Club ) \_\_\_\_\_

Person(s) responsible for tuition payments: \_\_\_\_\_

**In case my child becomes ill/or is injured at school and I cannot be reached, please call the following:**

Name: \_\_\_\_\_ phone: \_\_\_\_\_ relationship: \_\_\_\_\_

Name: \_\_\_\_\_ phone: \_\_\_\_\_ relationship: \_\_\_\_\_

Doctor: \_\_\_\_\_ phone: \_\_\_\_\_

Parent's signature: \_\_\_\_\_ date: \_\_\_\_\_

**CONFIDENTIAL INFORMATION:**

The following requested information is used for report and research purposes only. It will not be used as a basis for admission. Your answers are strictly voluntary.

**Predominant ethnic background:** (only check one)

- African American/African                       Hispanic/Latino  
 Asian                                                       Native American/Alaskan  
 Caucasian, non-Hispanic                       Pacific Islander  
 Multi-ethnic (please list): \_\_\_\_\_

Does your child have an active Individual Education Plan (IEP)?    yes    no

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child have a special health problem we should be aware of?    yes    no

If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_

**Please Complete or Update the Following Information:**

**Student's previous education:**

grade	year(s) attended	school name	school address
Pre-school			
Kindergarten			
Last school attended			

**Student's sacramental preparation:**

Sacrament	date	church name	city	state
Baptism				
Reconciliation				
First Communion				
Confirmation				

**Other children in the family:**

child's name	date of birth	grade, 2012-2013	name of school attending

**Thanks for Choosing Saint John's School!**