

*Diocese of Scranton*  
*St. John Neumann Regional Academy*

REGISTRATION FORM  
2011 - 2012

Student's Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Circle One: (Listed or Unlisted) Student Cell phone: \_\_\_\_\_

Date of Entry: \_\_\_\_\_ Grade Entering: \_\_\_\_\_ Campus: \_\_\_\_\_

If entering Preschool 3 - Please Select \_\_\_\_\_ 3 ½ days (Tu., Wed., Th)  
\_\_\_\_\_ 3 full days (Tu, Wed, Th) If entering Preschool 4 - Please Select \_\_\_\_\_ 3 ½ days (Tu., Wed., Th)  
\_\_\_\_\_ 5 ½ days \_\_\_\_\_ 3 full days (Tu, Wed, Th)  
\_\_\_\_\_ 5 full days \_\_\_\_\_ 5 ½ days  
\_\_\_\_\_ 5 full days

Grades of Other Siblings Attending St. John Neumann Regional Academy (PS – Gr. 12) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Race \_\_\_\_\_ Social Security No. \_\_\_\_\_  
(Check one) (Student's)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Month – Day – Year) (City) (State)

Public School District of Residence: \_\_\_\_\_

Religion: Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_ Parish (or) Church Affiliation \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Date of First Communion: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Date of Confirmation: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Father's Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's Religion: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mother's Address \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Religion: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

Email Addresses: \_\_\_\_\_

Additional Contact: Name \_\_\_\_\_ Telephone/cell \_\_\_\_\_  
Relationship to child \_\_\_\_\_

**Textbooks** To: Secretary of Education, Commonwealth of Pennsylvania

I hereby request the loan of textbooks, instructional materials and auxiliary services in accordance with Pennsylvania ACTS 195/50 for my child attending St. John Neumann Regional Academy.

Date \_\_\_\_\_ Parent's Signature \_\_\_\_\_

Please complete reverse side of form

Student Resides with: ( ) Both Parents ( ) Father ( ) Mother ( ) Grandparents ( ) Guardian ( ) Other

Check if Appropriate: \_\_\_ Father Deceased \_\_\_ Mother Deceased \_\_\_ Parents Separated  
\_\_\_ Parents Divorced \_\_\_ Father Remarried \_\_\_ Mother Remarried

If parents separated/divorced, who should receive correspondence (ie. report cards, fundraising, other school mailings)?:  
\_\_\_ Mother \_\_\_ Father \_\_\_ Both parents

Comments: \_\_\_\_\_

Is there a custody agreement in effect? Yes \_\_\_ No \_\_\_

If "yes", a copy of the order **MUST** be given to the school at the time of registration and will be placed in the student's file.

**Transportation**

\_\_\_ Bus/Van \_\_\_ Car \_\_\_ Walker

\_\_\_\_\_ authorized for child pickup.

Person's Name (print)

**Transfer Students Only** (please complete Waiver to Transfer Records Form)

School name and address from which student is transferring: \_\_\_\_\_

Reason for Transfer: \_\_\_\_\_

The following items must be submitted with the registration form (if not previously submitted):

\_\_\_ Copy of Birth Certificate \_\_\_ Copy of Baptismal Certificate  
\_\_\_ Copy of Immunization Records \_\_\_ Copy of Social Security Card

All Registrants:

\_\_\_ Registration & Book Fee - \$100.00 Date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_  
(Non-refundable)

Jr./Sr. High Campus Only:

\_\_\_ Annual School Fee - \$100.00  
Retreat Fee, Lab Fee, Goggles, etc. Date \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_

**I have completed this form to the best of my ability and render the information given as truthful to the best of my knowledge. As a parent/guardian, I hereby approve this application and I guarantee all financial obligations incurred by admittance to St. John Neumann Regional Academy. I fully agree that I and my child/children will abide by the policies of the school and handbook regulations of the school. I have read and agree to the terms as outlined in the attached fundraising commitment document.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

*Enrollment is conditional on having satisfied all financial obligations from prior year.*