St. John's College

Freshman Registration Form

NAME (PLEASE PRINT LEGIBLY): LAST | FIRST | MIDDLE | (MAIDEN) | CLASS OF: 2016

HOME ADDRESS: STREET | CITY | STATE | ZIP

HOME TELEPHONE NUMBER | STUDENT CELL PHONE NUMBER

EMAIL ADDRESS: When you enroll at St. John's you will be issued a college email account, which will be used for all communications from college offices and for distribution of email among members of the college community. If you have another email address, please provide it in the space below so that we may have another way to contact you.

LAST HIGH SCHOOL ATTENDED: CITY: | STATE: | DATE OF HIGH SCHOOL GRADUATION: MONTH/YEAR

EMERGENCY INFORMATION In case of an emergency, it is the College policy to notify the parents of students. Please provide us with back-up emergency numbers in the event your parents cannot be reached.

NAME | ADDRESS (CITY, STATE ONLY) | RELATIONSHIP | PHONE NUMBER

BILLING ADDRESS (only if different from home):

NAME: | PHONE:

STREET ADDRESS: | CITY | STATE | ZIP

LOCAL OFF CAMPUS ADDRESS (IF APPLICABLE, THIS IS NOT YOUR ADDRESS STATED ABOVE): STREET ADDRESS: | CITY | STATE | ZIP

PHONE | NICKNAME (IF ANY)

MARRIED: ❒ No ❒ Yes Spouse's full name: _____

Is spouse an alumnus or alumna of St. John's College? ❒ No ❒ Yes, Class of: _____

HOMETOWN NEWSPAPER/CITY

Father's Information:

NAME | IF SJC ALUMNUS, YR | OCCUPATION/TITLE:

ADDRESS | CITY | STATE | ZIP

EMPLOYER | BUSINESS ADDRESS | BUSINESS PHONE

HOME PHONE NUMBER | CELL PHONE NUMBER | EMAIL ADDRESS

COLLEGE(S) ATTENDED

Mother's Information

NAME | IF SJC ALUMNUS, YR | OCCUPATION/TITLE:

ADDRESS | CITY | STATE | ZIP

EMPLOYER | BUSINESS ADDRESS | BUSINESS PHONE

HOME PHONE NUMBER | CELL PHONE NUMBER | EMAIL ADDRESS

COLLEGE(S) ATTENDED

Grandparents' Information:

MATERNAL: NAME | ADDRESS | CITY | STATE | ZIP

PATERNAL: NAME | ADDRESS | CITY | STATE | ZIP

List any relatives who have attended St. John's College:

NAME | RELATIONSHIP | YEAR

Please contact the Alumni Office if you know anyone who would like to be on our mailing list.

I acknowledge that it is my responsibility to read the Student Handbook carefully for each year I am enrolled at St. John's College, to consult with the dean and the assistant dean concerning items I do not understand, and to abide by the provisions contained therein.

STUDENT'S SIGNATURE | DATE