

# St. John's College – Annapolis, Maryland

FRESHMAN REGISTRATION FORM

YEAR: 2011-2012

(PLEASE PRINT LEGIBLY)

**NAME:** \_\_\_\_\_ **CLASS OF: 2015**  
LAST FIRST MIDDLE (MAIDEN)

**HOME ADDRESS:** \_\_\_\_\_ **CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_  
STREET

**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. Please print clearly.

\_\_\_\_\_

**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
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**BILLING ADDRESS** (only if different from home):

**NAME:** \_\_\_\_\_ **PHONE:** \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**LOCAL OFF CAMPUS ADDRESS** (if applicable) (**THIS IS NOT YOUR HOME ADDRESS AS 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: \_\_\_\_\_  
\_\_\_\_\_ ZIP: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

CELL PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

COLLEGE(S) ATTENDED: \_\_\_\_\_

**MOTHER'S INFORMATION:**

NAME: \_\_\_\_\_ IF SJC ALUMNA, YR: \_\_\_\_\_

OCCUPATION/TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_ ZIP: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

BUSINESS PHONE \_\_\_\_\_

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**