



ST. JOHN THE BAPTIST CATHOLIC SCHOOL APPLICATION FOR ADMISSION

STUDENT INFORMATION							GRADE FOR WHICH APPLYING:
STUDENT'S LEGAL LAST NAME	FIRST	MIDDLE	SEX	Place of Birth: City/State/Country		DATE OF BIRTH	
ADDRESS		CITY		ZIP	TELEPHONE Home () Cell ()		RELIGION
Child's Ethnic Affiliation: (The Diocese requires this from the school) CIRCLE ONE ONLY FROM RACE AND ONE FROM ETHNICITY: Ethnicity: Hispanic or Non-Hispanic Race: Black // Asian // Native American or Alaskan // White // Multiracial // Native Hawaiian/Pacific Islander							Email:
Name of last school attended:			Address:			City, State, Zip, & Fax:	
If Siblings are applying, list their Names and Grades:				How did you hear about St. John's?			
SACRAMENTS	Date	Church Name	Address		City and State	Zip	
BAPTISM							
RECONCILIATION							
FIRST EUCHARIST							
FAMILY INFORMATION							
FATHER: LEGAL LAST NAME		FIRST	MIDDLE	RELIGION		Place of Birth: City, State, & Country	
Occupation and Business Name		Business Address		City/State		Zip	Business Phone () Cell Phone ()
Home Address (if different than student's)			City		State	Zip	Home Phone ()
MOTHER: LEGAL LAST NAME		FIRST	MAIDEN (required)		RELIGION		Place of Birth: City, State, & Country
Occupation and Business Name		Business Address		City/State		Zip	Business Phone ()
Home Address (if different than student's)			City		State	Zip	Home Phone ()
LEGAL Guardian Last Name		FIRST	MAIDEN (required)		RELIGION		Place of Birth: City, State, & Country
Occupation and Business Name		Business Address		City/State		Zip	Business Phone ()
Home Address (if different than student's)			City		State	Zip	Home Phone ()
HOME SITUATION							
Parents: Single Married Divorced If parents are divorced: WHO has CUSTODIAL rights:						FOR OFFICE USE ONLY : DATE:	
_____						REG. FEE AMT. PD: _____ CK #: _____ / CASH / MO	
LAST Name	First Name	Middle Name	Maiden Name		BITH CERT. IMMS. SACRAMENTS REPORT CARD		

****PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION FORM****

TUITION POLICY AND RESPONSIBILITY

- 1. Tuition and Fees are paid through the FACTS TUITION MANAGEMENT SERVICE, using one of the payment methods offered by the service. I understand that I am obligated to pay tuition through this service contracted by the school. Students may be subject to dismissal for non payment of tuition and/or fees. I have received and agree to the Tuition and Fee Schedule.**
- 2. All Annual Fees are Non-Refundable**
- 3. We, the undersigned, (as parents or legal guardian(s) or as a student over 18 years of age), do hereby knowingly consent to waive my (our) rights under the Family Educational Rights and Privacy Act (20 U.S.C. 1232g) to have the student records of (name the student) _____, forwarded to any other educational institution or to their home, if it should be determined by the school, that outstanding tuition or fees have not been paid or honored.**

Signature

Date

Relationship to Student

PARISHIONER STATUS

- BEING A CATHOLIC SCHOOL, St. John’s puts emphasis first and foremost on the Catholic Faith. Therefore, all students, regardless of their religion, must participate in all the religious activities of the school - with the exception of the reception of the Sacraments for those who are not Catholic. Those who profess to be Catholic are expected to be active members of St. John’s Parish or the parish to which they belong. At the time of acceptance, preference will be given to students whose parents are active parishioners and who are siblings of current students.

- DO YOU CURRENTLY HAVE CHILDREN ENROLLED AT ST. JOHN THE BAPTIST SCHOOL? _____ YES OR _____ NO

IF YES, LIST THEIR NAMES AND GRADES: _____

- DO YOU CURRENTLY HAVE FRIENDS/ RELATIVES CHILDREN ENROLLED AT ST. JOHN THE BAPTIST SCHOOL? _____ YES OR _____ NO

IF YES, LIST THEIR NAMES AND GRADES: _____

- ARE YOU AN ALUMNUS OF ST. JOHN THE BAPTIST? PLEASE LIST NAME (MAIDEN) AND YEAR OF GRADUATION.

NAME

YEAR

NAME

YEAR

- ARE YOU PRACTICING CATHOLICS? _____ YES OR _____ NO

- IF CATHOLIC, LIST THE NAME OF THE PARISH AT WHICH YOU ARE REGISTERED.

PARISH NAME _____

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