



ST. JOHN THE BAPTIST CATHOLIC SCHOOL - APPLICATION FOR ADMISSION

STUDENT INFORMATION						DATE OF APPLICATION:	
STUDENT'S LEGAL LAST NAME		FIRST	MIDDLE	SEX	Place of Birth: City/State/Country		GRADE FOR WHICH APPLYING:
ADDRESS			CITY	ZIP	PRIMARY PHONE # FOR FAMILY::		DATE OF BIRTH:
Child's Ethnic Affiliation: (The Diocese requires this from the school) CIRCLE ONE ONLY FROM RACE AND ONE FROM ETHNICITY:					RELIGION:		
Ethnicity: Hispanic or Non-Hispanic							
Race: Black // Asian // Native American or Alaskan // White// Multiracial// Native Hawaiian/Pacific Islander							
Name of last school attended:			City & State of last school:		Does student have an IEP, ILP or need Special Ed. Services?		
If Siblings are applying, list their Names and Grades:				How did you hear about St. John's?			
SACRAMENTS	Date:	Church Name:			City, State and Country:		
BAPTISM							
RECONCILIATION							
FIRST EUCHARIST							
FAMILY INFORMATION							
FATHER: LEGAL LAST NAME		FIRST	MIDDLE	RELIGION		FATHER'S EMAIL ADDRESS:	
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		MOTHER'S EMAIL ADDRESS:	
Occupation and Business Name		Business Address		City/State		Zip	Business Phone ()
Home Address (if different than student's)			City		State	Zip	Home Phone ()
(If Applicable) LEGAL Guardian Last Name:		FIRST		RELIGION		GUARDIAN'S EMAIL ADDRESS:	
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 <u>If parents are divorced list WHO has CUSTODIAL rights:</u>					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. If I do not pay owed tuition and fees in a timely manner, my account may be sent to collections. Students may be subject to dismissal or not allowed to re-enroll 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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