



APPLICATION
PLEASE PRINT

NAME

LAST FIRST MIDDLE NAME BY WHICH HE/SHE IS CALLED

STREET CITY STATE ZIP

HOME PHONE (INCLUDE AREA CODE) PRIMARY E-MAIL

DATE OF BIRTH PLACE OF BIRTH LANGUAGE SPOKEN IN THE HOME

CITIZEN OF THE U.S.? Yes No If No, CITIZEN OF: _____

DATE OF PROPOSED ENTRANCE GRADE APPLICANT WISHES

NAME OF PRESENT SCHOOL APPLICANT'S CURRENT GRADE

STREET CITY STATE ZIP PHONE

FORMER SCHOOLS ATTENDED (LIST IN ORDER, STARTING WITH MOST RECENT)

DATE AND GRADE ATTENDED SCHOOL

DATE AND GRADE ATTENDED SCHOOL

WHAT GRADES, IF ANY, HAVE BEEN SKIPPED? WHAT GRADES, IF ANY, HAVE BEEN REPEATED?

SPECIAL INTERESTS

ACTIVITIES, TALENTS, AND AWARDS

APPLICATION FEE

A NON-REFUNDABLE APPLICATION FEE OF \$100.00 AND A COPY OF A RECENT PHOTOGRAPH OF THE APPLICANT SHOULD ACCOMPANY THIS APPLICATION

PAYMENT ENCLOSED PHOTOGRAPH ENCLOSED PLEASE CHECK HERE IF YOU ARE A PARISH MEMBER

FATHER

MOTHER

**FAMILY
INFORMATION**

NAME

NAME

TITLE (MR., DR., ETC.)

TITLE (MS., MRS., DR., ETC.)

HOME ADDRESS

HOME ADDRESS

CITY STATE ZIP

CITY STATE ZIP

CELL PHONE BUSINESS PHONE

CELL PHONE BUSINESS PHONE

OCCUPATION

OCCUPATION

AGENCY OR FIRM

AGENCY OR FIRM

BUSINESS ADDRESS

BUSINESS ADDRESS

CITY STATE ZIP

CITY STATE ZIP

IF PARENTS ARE DIVORCED, WITH WHOM DOES THE APPLICANT LIVE?

WHO IS THE APPLICANT'S LEGAL GUARDIAN?

WHO IS FINANCIALLY RESPONSIBLE FOR THE APPLICANT?

NAMES AND AGES OF SIBLING(S)

RELATIVES WHO ATTEND OR HAVE ATTENDED ST. JOHN'S PARISH DAY SCHOOL

IT IS UNDERSTOOD THAT THE PARENTS OF THE APPLICANT AGREE TO SUPPORT AND ABIDE BY SCHOOL REGULATIONS AND GUIDELINES NOT ONLY AT THE TIME OF ADMISSION BUT ALSO THROUGHOUT SUBSEQUENT YEARS OF ATTENDANCE. ALL ENROLLMENTS ARE FOR THE ENTIRE SCHOOL YEAR.

SIGNATURE

SIGNATURE OF PARENT/GUARDIAN

DATE