



St. John's Catholic Schools Application Form

Today's Date _____

Student's Name _____ Grade _____ Male Female
Last First Middle

Date of Birth _____ Age _____ Social Security Number _____

Home Address: _____ Home Phone: _____
Street City State Zip

Father/Guardian _____ Cell Phone _____ Email _____

Place of Employment _____

Mother/Guardian _____ Cell Phone _____ Email _____

Place of Employment _____

Current School _____ Phone _____

Check any of the following services in which your child received at his/ her former school of attendance so we can obtain immediate records.

- Speech/Language Physical Therapy Occupational Therapy
 Special Education Intervention MTSS Intervention Other _____

Is your child on a current IEP? Yes No

Health Information: Check all that apply (**Please explain under "Comment")

Is your child current on immunizations? Yes No

- Heart Problems ** Diet Restrictions *** Diabetes ***
 Allergies ** Physical Restrictions *** Seizures ***
 Other illnesses, disability, special needs, medications **

Comments: _____

Please list schools previously attended.

<i>Grade</i>	<i>School Name</i>	<i>Address</i>	<i>Dates Attended</i>
PreK	_____	_____	_____
Kindergarten	_____	_____	_____
1st Grade	_____	_____	_____
2nd Grade	_____	_____	_____
3rd Grade	_____	_____	_____
4th Grade	_____	_____	_____
5th Grade	_____	_____	_____
Middle School	_____	_____	_____
High School	_____	_____	_____

Please list siblings:

<i>Name</i>	<i>Age</i>	<i>Grade</i>	<i>School</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there any particular insight or information about your child or your family that would be helpful for the school to be aware of in order to best educate your child?

Special talents or interests of you child: _____

List any other organizations or outside activities (sports, arts, scouting, music, religious) your child has been a member of during the past three years. _____

What is your reason for applying to St. John's Catholic School? _____

List recent parent participation in PTA activities. _____

Tuition Aid

Check here if you wish to be considered for Tuition Aid.

Signature _____
Parent/Guardian

Date _____