

ST. JOHN THE EVANGELIST CATHOLIC SCHOOL APPLICATION FOR ADMISSION (FORM E)

ALL SPACES MUST BE FILLED IN. IF IT DOES NOT PERTAIN TO YOUR CHILD, PLEASE MARK N/A.
Please **PRINT**.

STUDENT INFORMATION

GRADE 2010-2011 _____

STUDENT LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

HOME PHONE _____

GENDER M F NAME YOUR CHILD IS TO BE CALLED AT SCHOOL _____

BIRTHDATE ____/____/____
 Mo Day Yr

RELIGION _____ PARISH (IF CATHOLIC) _____

Do you want your home phone number to be published in the Student Directory? YES NO

SACRAMENTAL INFORMATION

	DATE (Mo/Day/Yr)	CHURCH	LOCATION (CITY, STATE)
Baptism			
First Communion			
Penance			
Confirmation			

COUNTY OF RESIDENCE _____

WHAT PUBLIC SCHOOL WOULD YOUR CHILD ATTEND IF NOT ATTENDING ST. JOHN SCHOOL?

CURRENT SCHOOL _____

CHILD'S BIRTHPLACE (CITY) _____ (STATE) _____ (COUNTRY) _____

RACE (For statistical purposes, please **circle one**)

AMERICAN INDIAN/ BLACK/ HISPANIC/ NATIVE HAWAIIAN/PACIFIC ISLANDER/ MULTI-RACIAL/ WHITE / OTHER _____

HOW DID YOU HEAR ABOUT ST. JOHN SCHOOL _____

PARENT/GUARDIAN INFORMATION

FATHER/GUARDIAN FIRST NAME _____ MID INIT _____ LAST NAME _____
SUFFIX _____ JR _____ SR _____ II _____ III _____
WORK PHONE () _____ RELIGION _____
OCCUPATION _____
EMPLOYER _____ ADDRESS _____
EMAIL _____ CELL PHONE _____
MARITAL STATUS M S D W US CITIZEN YES NO
RACE (For statistical purposes, please circle one)
NATIVE AMERICAN / ASIAN / BLACK/ HISPANIC / NATIVE HAWAIIAN/PACIFIC ISLANDER / MULTI-RACIAL / WHITE / OTHER
ARE YOU A ST. JOHN ALUMNUS? YES NO YEAR OF GRADUATION _____

The school requires that divorced parents furnish the school with a copy of the custody section of the divorce decree. It is the responsibility of the custodial parent to inform the school to whom the child may be released, if any, other than the custodial parent.

MOTHER/GUARDIAN FIRST NAME _____ MID INIT _____ LAST NAME _____
WORK PHONE () _____ RELIGION _____
OCCUPATION _____
EMPLOYER _____ ADDRESS _____
EMAIL _____ CELL PHONE _____
MARITAL STATUS M S D W US CITIZEN YES NO
RACE (For statistical purposes, please circle one)
NATIVE AMERICAN / ASIAN/ BLACK / HISPANIC / NATIVE HAWAIIAN/PACIFIC ISLANDER / MULTI-RACIAL/ WHITE / OTHER
ARE YOU A ST. JOHN ALUMNA? YES NO YEAR OF GRADUATION _____

CHILD LIVES WITH: (Circle one) BOTH PARENTS MOTHER FATHER GUARDIAN

MEDICAL INFORMATION

CHILD'S DOCTOR _____ PHONE _____
CHILD'S DENTIST _____ PHONE _____

HEALTH NEEDS

LIST MEDICATIONS TAKEN REGULARLY (WHAT, HOW OFTEN, FOR WHAT PURPOSE?)

ALLERGIES IF ANY, LIST: _____ NONE
CHRONIC ILLNESS (i.e., asthma) IF ANY, LIST: _____ NONE

IS THERE ANYTHING ELSE YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD? _____

