

APPLICATION PROCEDURES

We appreciate your interest in St. John the Evangelist Catholic School, an educational environment that promotes academic excellence and growth in the Catholic Faith.

All applicants are required to take an entrance test.

The application process for St. John the Evangelist is as follows:

Background Information

The following must be received before a test date will be assigned:

Testing Appointment Form (A)
Original Certified Birth Certificate from State Vital Records
Baptismal Certificate, if Catholic
Current School Teacher Form (B)
Parish Verification Form, if Catholic (C)
Additional Student Information Form (D)
Application for Admission Form (E)
Transcript Release Form (F)
PK-7th grade – **official** Georgia Immunization form 3231
\$85 application/administration fee per student – Non-refundable
Applicants who meet the academic and behavioral criteria are considered for acceptance by the Admissions Committee. Acceptance letters are mailed during the first week of April.

Students must be 4 years old to enroll in Pre-K, 5 years old to enroll in Kindergarten and 6 years old to enroll in 1st grade, on or before September 1st.

The Admissions Committee considers:

- Active Catholic/non-active/non-Catholic status
- Entrance and other Standardized Test Scores
- Previous school records and current report card with conduct grade
- Teacher recommendations
- Other pertinent information concerning the student

Enrollment

Following receipt of an Acceptance Letter, a student is officially enrolled when the following items have been received by the Admissions Office:

- Signed Parent Contract
- Acceptable Use Policy
- First tuition installment (non-refundable) – Due May 1st
- ESP Registration/Emergency Information Form
- Physical Form
- School As a Community Form

Non-Discriminatory Policy

All schools of the Catholic Archdiocese of Atlanta, including St. John the Evangelist, admit students of any race, color, sex, national origin to all the rights, privileges, programs and activities generally accorded or made available to the students at the schools. St. John the Evangelist shall not discriminate on the basis of race, color, nationality, and ethnic origin in administration of their educational policies, admissions policies, scholarship and loan programs, and athletics or other school administered programs.



OUR MISSION

Our mission is to prepare students for everlasting life by teaching them the Catholic Faith and traditions, providing opportunities to put their faith into action, and ensuring a thorough foundation of knowledge for successful transition into secondary education.



Tuition, Fees, Fundraising

Tuition (2010-2011 Rates)

- **Active Catholic** (Parish Verification Form signed by pastor stating that the family is active – registered in the parish and contributing time, talent, and treasure)
\$6,435 per child (11 payments of \$585; 1st payment **due May 1st**)
- **Non-active Catholic and Non-Catholic**
\$7,612 per child (11 payments of \$692; 1st payment **due May 1st**)

Fees and other costs

- **School Supplies fee due July 1st**
PK-4, K, Middle School grades - \$60; 1st-5th grades - \$50
- **Miscellaneous costs:** Field trips, hot lunch, school pictures, art program materials, etc.
- **ESP (Extended School Program) fees, 2010-2011**
Registration: \$25 per child **due July 1st** **AM:** \$2 per child, per day
PM Weekly: \$42 (1 child), \$10 for each additional child
Drop-in: \$16 per day, per child
Extra activity fees (dance, karate, chess club, sports, etc.) - varies by class

Family Support of St. John School

- **Service Hours Requirement** Every family is expected to give 25 hours of service to the school. Some volunteer opportunities include Home & School committee member, field trip chaperone, Field Day helper, Room Parent, campus clean-up day worker, and many more.
- **Annual Fund** The Annual Fund is the first, **and most important**, financial campaign for St. John the Evangelist Catholic School. If you can give to only one fundraiser, this is the one. Donations to the Annual Fund provide monies that help bridge the gap between tuition and the actual cost to educate students. Annual Fund gifts are fully tax deductible. Parents are asked for their support of the Annual Fund in September. The goal for parent participation is 100%. Gifts range from \$10 to \$5000. The average parent gift is \$200. Pledge payments are due by June 30th.
- **Home and School (Parent Organization) Fundraising** There are several fundraisers through the year that provide monies that are essential to St. John School's ability to sustain our excellent program while keeping the lowest tuition rates among area private schools. We do not expect parents to participate in **every** fundraiser, but in at least one of the following.
 - Sally Foster Gift Wrap (August)
 - Christmas Wreaths (October)
 - Race for Education (November)
 - Spring Auction (March)



TEST APPOINTMENT (FORM A)

CHILD'S NAME: _____

BIRTHDAY: ____/____/____
MO DAY YR

APPLYING FOR GRADE: _____

PARENTS' NAMES: _____

HOME ADDRESS: _____

CITY: _____

ZIP: _____

____ HOME PHONE: (____) _____

____ MOTHER WORK : (____) _____ Cell _____
email _____

____ FATHER WORK: (____) _____ Cell _____
email _____

PLEASE PLACE A CHECK BESIDE THE NUMBER WE SHOULD CALL TO SET UP A TEST APPOINTMENT.

RELIGION: _____

CHURCH: _____

PASTOR: _____

PRIMARY LANGUAGE SPOKEN IN THE HOME _____

WILL YOUR CHILD REQUIRE A TRANSLATOR FOR TESTING? YES NO

OFFICE USE

FEE PAID _____ CASH _____ CHECK # _____

TEST DATE _____

TIME: _____

Birth Certificate _____

Baptismal Certificate _____

Curr.Sch. Teacher (B) _____

Pastor Form (C) _____

Application _____

Student Info. (D) _____

3231 GA Immunization _____

Current School Transcript Release _____

Report Card _____

Standardized Test Scores _____



ST. JOHN THE EVANGELIST CATHOLIC SCHOOL

240 Arnold Street

Hapeville, Georgia 30354

FAX 404-767-0359 PHONE 404-767-4312

CURRENT SCHOOL TEACHER FORM (FORM B)

Parents:

Please complete the information in this box and submit the form to your child's teacher **with a stamped envelope addressed to St. John School.**

(Name of student) _____ has applied for admission to St. John the Evangelist Catholic School for the 2010-2011 school year.

(Name of referring school) _____ has my permission to answer the questions below, release the information requested, and mail to St. John the Evangelist Catholic School at the above address.

I waive any right of access to information provided on this form.

Signature(s) of Parent/Guardian _____ Date _____

Teacher: Please complete this confidential form and send to St. John School.

Thank you in advance for your comments and cooperation.

In the best interest of the child seeking admission to St. John School, please answer the following questions.

1. Length of time the student has attended your school _____
2. Grade placement for the current academic year, 2009-2010. Grade _____
3. Suggested grade placement for the coming school year, 2010-2011. Grade _____
4. Has the student ever been recommended for or identified as needing:
 - a. Psychological Testing Yes _____ No _____
 - b. Special Education Yes _____ No _____
 - c. Gifted Program Yes _____ No _____
 - d. Grade Retention Yes _____ No _____
 - e. Tutoring Yes _____ No _____

If the answer was Yes to any of the above, did the parents follow through? YES NO

Is there a psycho-educational evaluation on file for this student? YES NO

5. Evaluate this child using the following criteria:

E. Excellent	G. Good	S. Satisfactory	N. Needs Improvement	U. Unsatisfactory
___ Academic Achievement		___ Attention Span	___ Effort	___ Arrives on Time
___ Respect for Others		___ Academic Ability	___ Study Habits	___ Obeys Rules
___ Classroom Conduct		___ Attendance	___ Works Well In a Group	
___ Self Control		___ Listens/Follows Directions	___ Response to Correction	
___ Respect for Authority				

Comments: _____

CONTINUE ON BACK

If Pre K or Kindergarten – Is child potty trained?

YES

NO

6. Has the child ever had a serious conduct issue or an in-school or out-of-school suspension? YES NO

If yes, please explain _____

Please note any classroom accommodations being made for this student. _____

7. Reading level: Above grade level On grade level Below grade level

8. Math level: Above grade level On grade level Below grade level

9. Developmental readiness for Pre K or K: Above grade level On grade level Below grade level

10. Evaluate parents' attitude toward the following:

	Excellent	Good	Satisfactory	Unsatisfactory
Interested in child's progress	_____	_____	_____	_____
Follows school policies & procedures	_____	_____	_____	_____
Pays tuition and fees on time	_____	_____	_____	_____
Accepts teacher suggestions	_____	_____	_____	_____
Allows child to take responsibility for actions	_____	_____	_____	_____

Comments: _____

Name of person completing this form _____

Title _____ Date _____

School Name _____

School Street Address _____

City _____ State _____ Zip _____

School Phone Number _____

Name of Principal _____ School Fax Number _____

Summer Contact Person _____ Summer Phone Number _____

PLEASE MAIL THIS FORM DIRECTLY TO:

St. John the Evangelist Catholic School
Attn: Admissions Committee
240 Arnold Street
Hapeville, Georgia 30354

OUR MISSION

Our mission is to prepare students for everlasting life, teaching them the Catholic Faith and traditions, to provide time and resources to put their faith into action through worship and service, and to ensure a thorough foundation of knowledge for successful transition into secondary study.



FOR CATHOLIC FAMILIES ONLY

Applying to St. John the Evangelist School

240 Arnold Street, Hapeville, GA 30354

Phone Number: 404-767-4312

Fax Number: 404-767-0359

PARISH VERIFICATION (FORM C) 2010-2011

PARENTS complete this section and submit to pastor

Name of parish _____

- Check one: **No children currently enrolled in St. John School**
 Children currently enrolled in St. John School

Parent/Guardian name _____ Parent/Guardian home phone _____

Address _____ City _____ Zip _____

Student(s) first and last name(s):

_____	Grade in 2009-2010 _____
_____	Grade in 2009-2010 _____
_____	Grade in 2009-2010 _____
_____	Grade in 2009-2010 _____

PARENT/GUARDIAN: DO NOT MARK BELOW THIS LINE

PASTOR COMPLETES THIS SECTION (Please check one)

Based on the contribution of time, talent and treasure, I consider this family to be:

An active Catholic family _____ A non-active Catholic family _____

This is not a Catholic family _____ This family is not registered at this parish _____

Comments from the pastor: _____

Pastor's Signature _____ Date _____



ADDITIONAL STUDENT INFORMATION (FORM D)

**ST. JOHN THE EVANGELIST CATHOLIC SCHOOL
240 ARNOLD STREET
HAPEVILLE, GA 30354
(404)767-4312**

**HAS YOUR CHILD BEEN TESTED BY ANOTHER
ARCHDIOCESAN CATHOLIC SCHOOL?**

Yes

No

If yes, where? SCHOOL NAME _____

DATE _____

Has your child ever been tested for any of the following:

Learning Disabilities: _____ Yes _____ No Place _____

Date _____

Speech/Language Disability: _____ Yes _____ No Place _____

Date _____

Attention Deficit Disorder: _____ Yes _____ No Place _____

Date _____

Hyperactivity: _____ Yes _____ No Place _____

Date _____

Has medication been recommended/or prescribed for your child related to ADD/ADHD? ____ Yes ____ No

Doctor _____ Date _____

Is your child currently taking medication for ADHD? _____ Yes _____ No

If yes to any of the above, please attach a copy of all information obtained from these evaluations.

Is your child fully potty trained? (PK – K) _____ Yes _____ No

Are there any situations or pertinent information which we should know in order to further understand your child?
Please explain:

I have truthfully answered all of the above questions.

I have included all educational testing information and results concerning my child.

Printed Parent Name

Parent's signature

Child's name



St. John the Evangelist Catholic School
240 Arnold Street
Hapeville, GA 30354
PHONE 404-767-4312
FAX 404-767-0359

SCHOOL TRANSCRIPT RELEASE FORM (F)

PARENTS, PLEASE COMPLETE THIS SECTION AND GIVE FORM TO THE SCHOOL OFFICE SO THAT TRANSCRIPTS MAY BE MAILED DIRECTLY TO ST. JOHN SCHOOL.

(Name of student) _____ has applied for admission to St. John the Evangelist Catholic School for the school year 2010-2011.

(Name of referring school) _____ has my permission to release all of the information requested below and mail it to St. John the Evangelist Catholic School at the above address.

I waive any right of access to information provided with this form.

Signature(s) of Parent/Guardian _____ Date _____

DEAR SCHOOL PERSONNEL,

Please send the following to St. John the Evangelist School:

- 1 REPORT CARD for the most recently completed term at your school, including conduct grades and/or remarks
- 2 CUMULATIVE ACADEMIC GRADE RECORDS from your school and any other school from which you have received records, including HEALTH RECORDS and CONDUCT/DISCIPLINE RECORDS
- 3 SCORES OF ALL STANDARDIZED TESTING and other pertinent information
- 4 PSYCHO-EDUCATIONAL REPORTS, if any
- 5 Health Records including the Georgia Immunization form #3231

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? _____



THE SCHOOL AS A COMMUNITY

School Publications

_____ Yes _____ No I hereby give permission for my child and myself to have photographs and/or names appear in school publications (i.e. school yearbook, school brochure, Visions newsletter), videos, news articles relating to school events, website, and promotional materials approved by the school and/or the Archdiocese.

Children's names

Parent/Guardian Signature _____ Date _____

Family Participation

As a school community, St. John the Evangelist Catholic School has various functions to which immediate family members and grandparents/special friends are invited. Please provide the following information:

Grandparents/Special Friends

Name _____

Address _____ City _____ St _____ Zip _____

Phone _____

Name _____

Address _____ City _____ St _____ Zip _____

Phone _____

Name _____

Address _____ City _____ St _____ Zip _____

Phone _____

Name _____

Address _____ City _____ St _____ Zip _____

Phone _____