



Application for Enrollment

This application is to be accompanied by a \$75 non-refundable application fee.

For School Year 202__ – 202__ Kindergarten: Full Day: or Half Day: Grade: _____

Student Information:

Student Name: _____
(first) (middle initial) (last)

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Age: _____ Birth Date: _____ Gender: M or F

Baptized: Yes: (Date of Baptism: ___/___/___) No:

Home Church: _____

Child's Racial/Ethnic Identity: (The following information is requested by the federal government for reporting purposes only. You are not required to furnish this information, but are encouraged to do so. You may select one or more designations for Race. The law provides that the school may not discriminate on the basis of this information, or on whether you choose to furnish it. However, if you choose not to furnish the information, the school is still required to report race on the basis of visual observation.)

- Hispanic or Latino American Indian or Alaska Native Asian Black or African American
- Native Hawaiian or Other Pacific Islander White Other Prefer not to answer

Home Language: _____

Parent Information: Status: Single Married Widowed Divorced Separated

Please place a check by the legal guardian(s).

Father's Name: _____ Mother's Name: _____

Address: _____ Address: _____
(if different than above) (if different than above)

Phone (if different): _____ Phone (if different): _____

Parent E-Mail: _____ Parent E-Mail: _____

Employer: _____ Employer: _____

Address: _____ Address: _____

Work Number: _____ Work Number: _____

Child resides with: _____ Relationship to child: _____

Billing Address: Mother: Father:

Medical Information:

Medication, food, or any other known allergy: _____

Medication, if any: _____

Child's Physician: _____ Phone: (_____) _____

Hospital Preference: _____

Previous School Or Childcare Information:

Name of School or Preschool/Childcare: _____

Address: _____

City: _____ State: _____ Zip: _____

Name of Principal or Director: _____ Phone: (_____) _____

Special Needs or Circumstances: _____

Any activities child(ren) should NOT engage in: _____

Authorized Escorts/Emergency Contacts: (other than parents)

If the parent cannot be contacted, the person(s) named below may be given information about my child, and has permission to take my child into his or her care.

Person: _____
Name Home Number Work/Cell NumberPerson: _____
Name Home Number Work/Cell Number

In the event of a medical emergency while my child _____ is attending St. John,

I _____ give permission to St. John to arrange for emergency treatment necessary to preserve the health of my child until such time when I/we can be present. I understand that no guarantees have been made to me as to the effect of such treatment on my child's condition. The staff will arrange for emergency transportation to the nearest emergency medical facility, if necessary. My child will be transported by an ambulance or other such vehicle when necessary.

Authorization:Tuition Option: (circle one): A B C

Parent/Guardian Signature: _____ Date: _____

FOR OFFICE USE ONLY: Date Received _____
