

**ST. JOHN THE EVANGELIST SCHOOL  
APPLICATION FOR REGISTRATION**



Date of Application \_\_\_\_\_  
Parish of Membership \_\_\_\_\_  
Grade in Fall of upcoming year \_\_\_\_\_

Preschool preference, please check one:  3 Yr. (am)  
 4Yr. All Day (M, W, F)  4Yr. All Day (M-F)

Student Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_  
Last First Middle City State Zip

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Preferred Telephone No. \_\_\_\_\_ Email (will be used for school communication) \_\_\_\_\_

Home Public School District \_\_\_\_\_ Name of Public School \_\_\_\_\_  
(i.e., Lake Central, Hanover, Crete, etc.) (i.e., Kolling, Kahler, Lincoln, etc.)

Ethnic Background: (Check one) 1 = American Indian/Alaskan \_\_\_\_\_ 2 = Black \_\_\_\_\_ 3 = Asian \_\_\_\_\_  
4 = Hispanic ethnicity and of any race \_\_\_\_\_ 5 = White \_\_\_\_\_ 6 = Multiracial \_\_\_\_\_ 7 = Native Hawaiian or Other Pacific Islander \_\_\_\_\_

Child lives with (Check all that apply) Father \_\_\_\_\_ Mother \_\_\_\_\_ Step Father \_\_\_\_\_ Step Mother \_\_\_\_\_  
In case of separated parents, the custodial parent is \_\_\_\_\_

**PARENT INFORMATION**

Father's Name \_\_\_\_\_ Mother's Maiden Name \_\_\_\_\_  
Work/Cell Phone \_\_\_\_\_ Work/Cell Phone \_\_\_\_\_  
Place of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_  
Religion \_\_\_\_\_ Religion \_\_\_\_\_  
Occupation \_\_\_\_\_ Occupation \_\_\_\_\_  
Living \_\_\_\_\_ Deceased \_\_\_\_\_ Living \_\_\_\_\_ Deceased \_\_\_\_\_

**FORMS TO BE ATTACHED TO THIS APPLICATION**

\_\_\_\_\_ Birth Certificate \_\_\_\_\_ Baptismal Certificate \_\_\_\_\_ Court Order (if applicable)

**SPECIAL INFORMATION (Check all that apply)**

St. John the Evangelist School has some limitations in accepting students of varying needs and abilities. The listed information will allow an honest assessment of whether St. John the Evangelist can meet the needs of your student.

- \_\_\_\_\_ Has an Individual Educational Plan (IEP)
- \_\_\_\_\_ Has had educational or psychological testing
- \_\_\_\_\_ Has received tutoring for \_\_\_\_\_
- \_\_\_\_\_ Educational testing has involved individual accommodations, list subject areas were modifications are indicated \_\_\_\_\_
- \_\_\_\_\_ Repeated grade \_\_\_\_\_
- \_\_\_\_\_ Takes medication daily (list medications) \_\_\_\_\_
- \_\_\_\_\_ Has the following medical condition(s)/physical limitation(s) \_\_\_\_\_

\_\_\_\_\_ If registering a preschool student, does he or she attend speech? If so, where? \_\_\_\_\_  
Will they continue to receive this service for the upcoming school year? \_\_\_\_\_

**BROTHERS & SISTERS**

Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_ Name \_\_\_\_\_ Age \_\_\_\_\_

**APPLICATION FEE**

\_\_\_\_\_ A \$100 non-refundable application fee (per CHILD) must be enclosed with this application to be considered for admissions. Applications will be processed in a timely fashion according to our admissions policy as room becomes available.

Parent Signature \_\_\_\_\_,