

**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 where 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 \$75.00 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 _____,