



St. John the Baptist Catholic School

Admission Application

2018-2019 Academic Year

Parent/Guardian Contact Information		
Parent/Guardian 1		
Name:	Email:	Mobile Phone:
Address:		
Parent/Guardian 2		
Name:	Email:	Mobile Phone:
Address:		

Children Applying for Admission, K-6			
Full Names (first middle last)	Gender (M/F)	Grade in Upcoming Academic Year	Birthdate

Children Applying for Admission, PreK												
Full Names (first middle last)	Gender (M/F)	Birthdate	Preferred Days and Times (select all that apply)									
			Mon.		Tues.		Wed.		Thurs.		Fri.	
			AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

AM PreK times: 8:45 – 11:30 AM
 PM PreK times: 11:30 AM – 3:30 PM

Before- and After-school Enrichment (BASE) Participation										
Student Name	Anticipated Days and Times (select all that apply)									
	Mon.		Tues.		Wed.		Thurs.		Fri.	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM

Please provide any additional information that may be helpful for our administrators and BASE teachers:

Times: 7:00 – 8:45 AM (\$7/day per child), 3:30 – 5:30 PM (\$8/day per child)
 This information will be used to help plan our program. It is not a formal commitment.

Children Not Yet in School		
Names	Gender (M/F)	Birthdate

Transportation				
Typical school transportation:	<input type="checkbox"/> bus	<input type="checkbox"/> car	<input type="checkbox"/> walk	<input type="checkbox"/> other (list): _____
For bus riders Typical pickup location:	<input type="checkbox"/> home (address, if different than above): _____ <input type="checkbox"/> daycare (name and address): _____ <input type="checkbox"/> other (name and address): _____			
For bus riders Typical drop-off location:	<input type="checkbox"/> home (address, if different than above): _____ <input type="checkbox"/> daycare (name and address): _____ <input type="checkbox"/> other (name and address): _____			

The following people are authorized to pick up my child(ren):

Father (as listed above)
 Mother (as listed above)
 Others (list below)

Name	Mobile Phone	Home Phone	Relationship to Child(ren)

Emergency and Medical Information

The following people can be contacted in an emergency if the parents cannot be reached:

Name	Mobile Phone	Home Phone	Relationship to Child(ren)

Primary Physician(s)

Name	Clinic Name and Location	Phone

List medical information that the school should be aware of (e.g., allergies):

Permissions

Initial each that is approved.

_____ I give St. John's School permission to include the names of our child(ren), mailing address, phone number, and email address in the school directory. This directory will be shared with school staff and other school families.

List any of the above information that should NOT be listed in the school directory:

_____ I give St. John's School permission to release my child(ren)'s names and photos to the local newspaper, the local parish bulletins, our school website, and other communications channels. Full name identification will not be used with photos on the website.

Miscellaneous

Church Membership:

- | | | |
|---|---|--|
| <input type="checkbox"/> St. John's (Vermillion) | <input type="checkbox"/> St. Mary's (New Trier) | <input type="checkbox"/> St. Mathias (Hampton) |
| <input type="checkbox"/> St. Joseph's (Miesville) | <input type="checkbox"/> SEAS (Hastings) | <input type="checkbox"/> St. Pius V (Cannon Falls) |
| <input type="checkbox"/> St. Agatha (Coates) | <input type="checkbox"/> Other (list): | <input type="checkbox"/> None |

Alumni:

Did the parents or siblings of the applying child(ren) attended St. John's School? Yes No

If Yes, please list the names of the alumni: _____

Signatures

I certify that the information in this application accurate. I understand that to be considered for admission, the school must receive this completed form and a \$50 per student non-refundable application fee (for new students only). I also understand that completing the admission application does not guarantee admission. Admission will be confirmed on the dates and according to the process listed on the school website.

Signature of Parent/Guardian 1

Date

Signature of Parent/Guardian 2

Date

For Office Use Only

Received complete Admission Application form: , Date: _____

A \$50 non-refundable application fee is required for all new students.

Received application fee(s): , Date: _____

Application fee not required (returning student):

Notes: