



APPLICATION FOR ENROLLMENT (KINDERGARTEN – GRADE 8)

PLEASE PRINT LEGIBLY

Name _____
Last First Middle Nickname

Street Address _____

City _____ State _____ Zip _____

Contact Phone # (_____) _____ Date of Birth ____/____/____

Male _____ Female _____ Race/Ethnic Group _____

Circle grade child will be entering: Kindergarten 1 2 3 4 5 6 7 8

Is child adopted? Yes _____ No _____

Where does your child attend Church and Sunday School? _____

Father's Name _____

Mother's Name _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Work Phone # _____

Work Phone # _____

Cell Phone # _____

Cell Phone # _____

Email _____

Email _____

Child lives with: _____ Both Parents _____ Mother _____ Father _____ Other-please explain _____

WERE YOU REFERRED TO ST. JOHN'S FROM A CURRENT PARENT? If SO, PLEASE GIVE US THE NAME OF THE REFERRING PARENT. _____

PREVIOUS SCHOOL AND ADDRESS: _____

SIBLINGS LIVING IN THE HOME:

Name: _____ Date of Birth ____/____/____ Grade _____

Name: _____ Date of Birth ____/____/____ Grade _____

Name: _____ Date of Birth ____/____/____ Grade _____