



SAINTS JOHN AND PAUL SCHOOL

STUDENT APPLICATION ~ Pre-K 3 – 4

Select: **Full Day** **Mornings** **Afternoons**

Date of Application _____

Eligibility: Child must turn 3 years old by September 1 upon the year of entry.

Child's Information

Name: _____

LAST FIRST MIDDLE

Address: _____

City: _____ State: _____ Apt Number: _____ Zip: _____

Home Telephone: _____

Date of Birth: _____ Place of Birth: City _____ Country _____

Gender: _____ Religion: _____ Parish: _____ School District: _____

Child Resides With: _____ Relationship: _____

SACRAMENT <i>(if applicable)</i>	DATE	CHURCH	LOCATION
Baptism			

Mother's Information *Please circle: Single Married Separated Divorced Deceased*

Name: _____

LAST FIRST MAIDEN

Address: _____

City: _____ State: _____ Apt Number: _____ Zip: _____

Telephone: _____ Cell Phone: _____ Email: _____

Religion: _____ Occupation: _____

Business Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Telephone: _____ Business Email: _____

Father's Information *Please circle: Single Married Separated Divorced Deceased*

Name: _____

LAST FIRST MIDDLE

Address: _____

City: _____ State: _____ Apt Number: _____ Zip: _____

Telephone: _____ Cell Phone: _____ Email: _____

Religion: _____ Occupation: _____

Business Name: _____

Business Address: _____ City: _____ State: _____ Zip: _____

Business Telephone: _____ Business Email: _____



Student Name: _____

Custody of Child (if applicable)

Custodial Parent: _____
RELATIONSHIP
Documentation: _____
Date Provided: _____

Guardianship of Child (if applicable)

Guardian: _____
NAME
Relationship: _____
Documentation: _____
Date Provided: _____

Child's Education

Previous Schools Attended

School Name	Address, City, State	Grades	Dates Attended

Child has been evaluated by the district **Committee on Special Education**? Yes: ___ No: ___

Child has been evaluated by a private psychological or educational agency? Yes: ___ No: ___

If answer to either or both statements above is YES, applicant must complete the following:

Type of Evaluation	Evaluation Date	Agency	Contact Name and Phone
<i>Educational</i>			
<i>Psychological</i>			
<i>Speech</i>			
<i>Other</i>			

If child has been seen by the public district **Committee on Special Education**, applicant must complete the Following:

Was an IEP ever Generated? Yes: ___ No: ___ Copy Submitted _____
Date

Child has a **Section 504 Accommodation Plan**? Yes: ___ No: ___ Copy Submitted _____
Date

DISTRICT NAME & NUMBER	DATE OF MOST RECENT IEP	DATE OF LAST PSYCHOLOGICAL EVALUATION	CLASSIFICATION & RECOMMENDED PLACEMENT

I affirm that the above information is true to the best of my knowledge. I understand that failure to provide the required documentation stops the application process. Furthermore, should my child be accepted/admitted under false, incomplete, or negligent information, my child will be dismissed from the school. I also agree that should my child be accepted/ admitted, my child and I will be bound by the terms and condition of the school's Parent/Student Handbook, including those provisions referencing inoculations. Final acceptance of the application is dependent on all outstanding fees being paid in full to any previous school(s). Acceptance notices will be mailed.

Signature of Parent or Guardian _____

Date _____

Print Name: _____