



# SAINTS JOHN AND PAUL SCHOOL

## STUDENT APPLICATION ~ Grades 1 through 8

Date of Application \_\_\_\_\_ Grade \_\_\_\_\_

Submit application with fee of \$25.00

### 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 <small>(if applicable)</small>	DATE	CHURCH	LOCATION
Baptism			
Reconciliation			
First Holy Communion			
Confirmation			

### 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: \_\_\_\_\_