

St. John the Apostle Catholic School

1968 Sandbridge Road ☐ Virginia Beach, Virginia ☐ 23456

Phone 757-821-1100 Fax 757-821-1047

APPLICATION FOR ADMISSION K-8

An application fee of \$ 150.00 for the 1st child, \$125.00 for the 2nd and \$100.00 per child thereafter, payable to St. John the Apostle Catholic School, must be attached to this form. *St. John the Apostle Catholic School does not discriminate on the basis of race, religion, sex, national or ethnic origin.*

Date: _____

Check # _____

Student Information

Last Name	First Name	Full Middle Name	Preferred Name
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Student's Social Security Number	Male/Female	Date of Birth	City & State of Birth
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Street Address	City, State	Zip Code	Grade for 2009-2010
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Home Telephone _____

Was student baptized? no yes
 (If yes, which faith: _____)

Birth Certificate # _____ Reviewed by _____

Student lives with: Mother Step-mother Father Step-father

Name		
Maiden name		
Address		
Home phone		
Cell phone		
Pager number		
E-mail address		
Occupation		
Employer		
Address		
Work phone		
Education highest level		
Religion		
Parish		
St. John Parish ID #		

All mailings and bills will be sent to the parent(s) listed above unless written notification is received to indicate otherwise.

If a natural parent or other relative is not living in the same home with student and wishes to be involved at the school:

Name _____ Relationship _____ Home phone _____ Alternate phone _____

Street address _____ City _____ State _____ Zip Code _____

NOTE: In the event of a divorce, a Decree of Custody must be filed in the school office, as well as any specific instructions regarding release of the student to a parent.

Student History

Sacramental Record:

	Date	Church	City, State
Baptism			
Reconciliation			
First Eucharist			
Confirmation			

Student's Current School:

Name of school _____ Address _____ City, State _____ School phone _____

Grades attended at that school: _____ Dates attended: _____

Principal's name: _____ Counselor's name: _____

Student's Previous School(s):

Name of School	City, State	Grade(s)	Dates Attended

Has this student ever been tested or evaluated for Learning Disability, Speech/Language Therapy, ADD/ADHD, ESL, or any other special concerns? No Yes

If yes, please explain: _____
(Documentation from any testing must be on file in the school office, along with any current IEP.)

Has this student been expelled or suspended from another school? No Yes

If yes, please explain: _____

Language(s) spoken at home: _____

Personal Information

References: (someone who knows the student or the student's family)

Name	Address	Phone number
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Name	Address	Phone number
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List any special interests of the student:

The following is optional but helpful information about ethnic status of the student is for use in applying for Federal Grants:

American Indian Asian/Pacific Islander Black Hispanic Multi Racial White

Please give the name, grade and age of student's brothers and sisters, and their current school.

Name	Grade	Age	School

How did you hear about St. John the Apostle Catholic School?

Newspaper Friend Relative Internet Yellow pages Other: _____

Referred by: _____

Please note that an entrance assessment is required prior to acceptance, and an interview with the principal or his designee may be required. If any information has been withheld at the time of registration, the school reserves the right to dismiss the student.

I/We hereby submit this confidential application for admission of the above named student to St. John the Apostle Catholic School.

Printed name of Parent/Guardian

Signature of Parent/Guardian

Date

Listed below are required items (if applicable):

- o 1. Verification of Original Birth Certificate
- o 2. Original Baptismal Certificate (copies made upon request)
- o 3. Verification of student's social security card
- o 4. Records Release form signed and forwarded to school(s)
- o 5. Copy of current Report Card with teacher comments
- o 6. Standardized Test Scores (current and previous 2 years)
- o 7. Completed School Entrance Health Form
- o 8. Copy of Immunization Record
- o 9. Copy of Custody Decree
- o 10. Copy of Power of Attorney
- o 11. Recommendation from previous/current school.
- o 12. Application Fee

Attach recent
photograph here.

Please return completed Application, along with application fee and
all documentation, by mail or in person to:

St. John the Apostle Catholic School
1968 Sandbridge Road
Virginia Beach, VA 23456

= OFFICE USE ONLY =

Student's name: _____ Grade: _____
Last First MI (2009-2010)

Date application received: _____ Interview date: _____

Test date: _____ Interviewed by: _____