

# St. John the Apostle Catholic School

1968 Sandbridge Road ☐ Virginia Beach, Virginia ☐ 23456

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

## Little Rays Registration Form

A non-refundable \$50.00 per student application fee, 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

\_\_\_\_\_  
 Student's Social Security Number      Male/Female      Date of Birth                      City & State of Birth

\_\_\_\_\_  
 Street Address                      City, State                      Zip Code

\_\_\_\_\_  
 Home Telephone #

Little Rays 3yr old  
 2 days  
 3 days  
 5 days

\_\_\_\_\_  
 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		

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.

### Personal Information

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

\_\_\_\_\_  
Name Address Phone number

\_\_\_\_\_  
Name Address Phone number

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: \_\_\_\_\_

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

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Printed name of Parent/Guardian

Signature of Parent/Guardian

Date

Listed below are required items:

1. **Completed Registration Form**
2. **Verification of original birth certificate**
3. **Verification of student's social security card**
4. **Completed school entrance health form**
5. **Copy of immunization**
6. **Copy of custody decree (if applicable)**
7. **Copy of power of attorney**
8. **\$ 50.00 per student registration fee**
9. **Children must be toilet-trained**

Attach recent  
photograph here.

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

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

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