

St. John the Apostle Catholic School

1968 Sandbridge Road ❖ Virginia Beach, Virginia ❖ 23456

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

Pre-K Registration Form

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

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

Street Address City, State Zip Code

- Pre-K mornings
 Pre-K full day

Home Telephone #

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			

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.

Printed name of Parent/Guardian

Signature of Parent/Guardian

Date

Listed below are required items (if applicable):

- 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. \$ 150.00 new student registration fee (\$125.00 for the 2nd, \$100.00 thereafter)**
- 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
