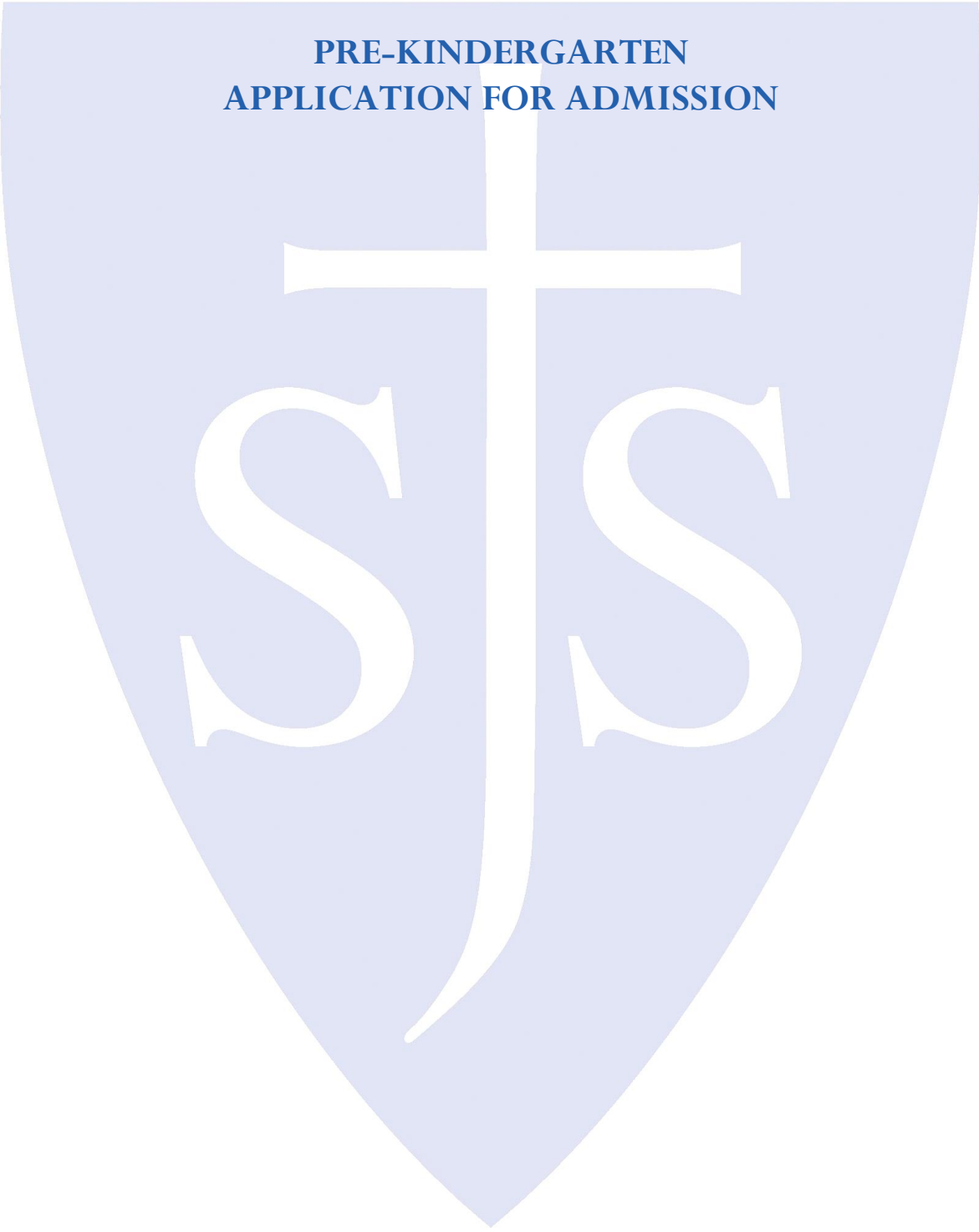


SAIN^TJOHN
SCHOOL

PRE-KINDERGARTEN
APPLICATION FOR ADMISSION



First Name (applicant)

Middle Name

Last Name

SAINT JOHN SCHOOL

Student Information

Applicant: _____

Last Name

First Name

Middle Name

Date of birth: _____ Male _____ Female _____
(Month/Day/Year)

Half Day Program 7:50-10:50: _____ Full Day Program 7:50-2:20 _____

Student lives with: _____
Parents Mother Father Other (Please list)

Mailing address: _____
Street City Zip Code

Home Telephone _____ Family E-mail address _____

Family Information

Mother: Dr. Mrs. Ms.

Last Name First Name Preferred E-mail address

Cell Phone # Work Phone #

Occupation/Title/Employer: _____

Father: Dr. Mr.

Last Name First Name Preferred E-mail address

Cell Phone # Work Phone #

Occupation/Title/Employer: _____