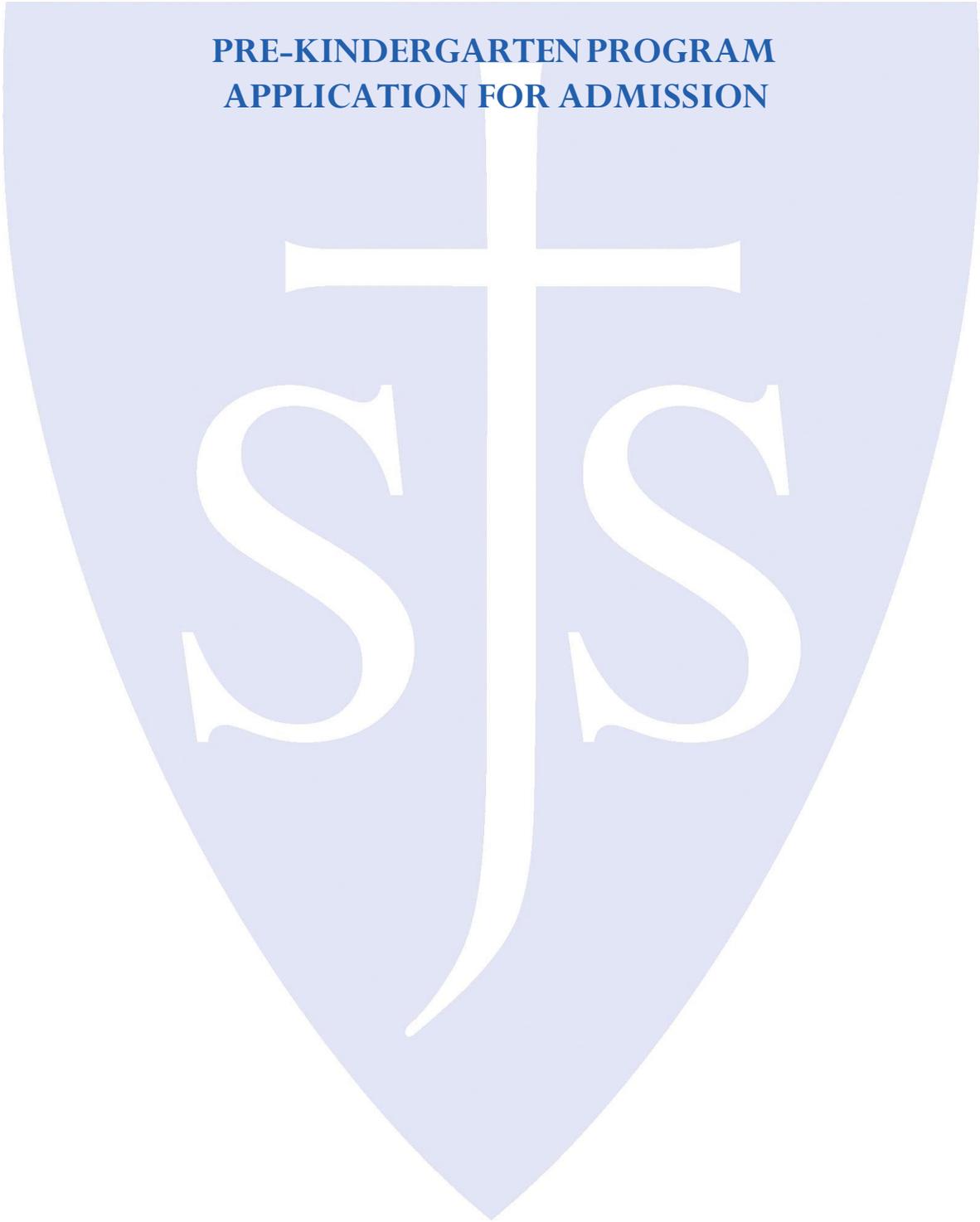


**PRE-KINDERGARTEN PROGRAM
APPLICATION FOR ADMISSION**



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)

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: _____