

PK-12 Application for Admission

DEVELOP SCHOLARSHIP

DEEPEN FAITH

INSPIRE LEADERSHIP



Student Information

Last Name		First Name Middl		
Student birthdate:	Student birth c	Student birth city:		
Grade of entry:	Date of entry	Date of entry:		
Mailing address:				
S	treet			
City	State		Zip	
Public School District				
Public School <i>Building</i> As	signment for curren	it year		
Does Student have an IEP	504 Plan Yes	No		
Preferred Telephone	Family E	-mail		
Current school		Current	grade	
Ethnicity				
Religion		Parish or Church		
Sacrament Record:				
Baptism: Reco				
Date/Parish Date/ Student Lives With	Parish	_ Date/Parish	Date/Parish	
Mother and Father	Mother	Father	Mother and Stepfather	
Father and Stepmother	Grandparents	Grandmother	Grandfather	
Other (Please list)				
Financial Responsibility				
Mother and Father	Mother	Father	Mother and Stepfather	
Father and Stepmother	Grandparents	Grandmother	Grandfather	
Other (Please list)				

Family Information							
Adult Female Information	(Mother)D						
Last Name Maide	n Name I	First Name					
Preferred e-mail address							
Cell Phone #	Work	Phone #					
Occupation/Title/Employer:							
Religion	I	Birthplace/Date					
Educational Background College Graduate	Non-HS Po			College Non-Grad			
Saint John Alum Yes	S Year of Gra	duation					
Adult Male information: (F	Father)Dr.	Mr.					
Last Name	I	First Name					
Preferred E-mail address							
Cell Phone #	Work	Phone #					
Occupation/Title/Employer:							
Religion	Birthplace/Date						
	Non-HSHS Graduate						
	College G			Post Grad			
Saint John Alum Yes Sibling/Relatives Information		ation					
Siblings currently at Saint John	<u>-</u>						
Sibling 1)		Sibling 2)					
Sibling 1)Name	Grade	$\frac{1}{N}$	ame	Grade			
Sibling 3)Name	Grade	_ Sibling 4) N	ame	Grade			
Other siblings:							
Sibling 1)		Sibling 2)					
Name	Age	N	ame	Age			
Relatives who attended Saint Jo	ohn:						
Name	Year of Graduati	on	Rela	tionship			
Name	Year of Graduati	on	Rela	tionship			

Non-Custodial Parent Information									
Relationship to Student:	Natural Father	Natural	Mother	Other					
Last Name Mailing address	First NamePreferred E-mail address								
Occupation/Title/Employer:	Cell Phone #Work Phone #								
Religion	Birthplace/	Date							
Educational Background Graduation Post Grad	_								
This person may be contacted i Non-Custodial parent may rec		-	yes	no					
	Grandparer	nt Information							
Last Name First Name		Last Name	Maiden Name	First Name					
Address		Address							
City State	Zip	City	State	Zip					
Preferred Phone		Preferred Phone	;						
Preferred Email		Preferred Email							
Religion/Church		Religion/Churcl	1						
Position/Occupation/Employer	Position/Occupa	Position/Occupation/Employer							
Last Name First Name		Last Name	Maiden Name	First Name					
Address		Address							
City State	Zip	City	State	Zip					
Preferred Phone		Preferred Phone	:						
Preferred Email		Preferred Email							
Religion/Church		Religion/Church	1						
Position/Occupation/Employer		Position/Occupa	ation/Employer						