

ST. JOHN'S ACADEMY



STUDENT INFORMATION

Applying for Grade _____ School Year ____/____

Student's Full Name _____ referred to as _____

Date of Birth ____/____/____ Age ____ Place of Birth _____ Sex _____

Address _____ EMAIL: _____

City _____ State _____ Zip Code _____ Phone (____) _____

FAMILY INFORMATION

Father's Complete Name _____

Mother's Complete Name _____

Home Address _____

Home Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

(____) _____ (____) _____

Home Phone _____ Cell Phone _____

(____) _____ (____) _____

Home Phone _____ Cell Phone _____

Occupation and Title _____

Occupation and Title _____

Name of Firm/Company _____

Name of Firm/Company _____

Business Address _____

Business Address _____

City _____ State _____ Zip _____

City _____ State _____ Zip _____

(____) _____

Business Telephone _____

(____) _____

Business Telephone _____

If parents are separated or divorced, please list name, address, and phone number of the other parent if you desire him/her to receive correspondence from the school.

OFFICE INFORMATION (For office use only)

<input type="checkbox"/>	<input type="checkbox"/>	Date Received _____	<input type="checkbox"/>	Previous school records/report cards
<input type="checkbox"/>	<input type="checkbox"/>	App. Fee Check # _____	<input type="checkbox"/>	SAT or other achievement test scores
<input type="checkbox"/>	<input type="checkbox"/>	Health Form	<input type="checkbox"/>	Medical Form
<input type="checkbox"/>	<input type="checkbox"/>	Immunization Form	<input type="checkbox"/>	Transportation Form
<input type="checkbox"/>	<input type="checkbox"/>	Birth Certificate		

ST. JOHN'S ACADEMY

Sibling's Name	Age	Grade	School
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Sibling's Name	Age	Grade	School
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Sibling's Name	Age	Grade	School
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CHURCH AFFILIATION

Home Church _____ Denomination _____

EDUCATION INFORMATION Please list schools previously attended, commencing with the most recent.

School _____ Address _____

City _____ State _____ Zip _____ Phone _____

From Grade _____ To Grade _____

School _____ Address _____

City _____ State _____ Zip _____ Phone _____

From Grade _____ To Grade _____

Has your child ever been expelled suspended asked to withdraw referred to Administration?

Has your child had a history of/diagnosed with learning difficulties emotional problems physical problems which might require special attention at SJA?

Has your child ever skipped a grade repeated a grade?

Has your child ever used alcohol, tobacco, or illicit drugs been in any trouble with the law?

If you checked any of the boxes above, please explain on a separate sheet of paper.

PARENTAL COOPERATION AGREEMENT

* I realize I am ultimately responsible for the behavior and academic performance of my children.

* I am sufficiently satisfied with the curriculum, teaching methodology, Statement of Faith, and Philosophy of Education of the School to enroll my child(ren) at St. John's Academy.

* I will read the Dorothy Sayers article "The Lost Tools of Learning." (Enclosed with application)

* I will read and support the goals and policies of the Parent/Student Handbook.

Parent/Guardian Signature(s)

Date