

**PLEASE CIRCLE**

Current School Family

YES NO

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Registered at St. John's Church

YES NO



St. John the Baptist Catholic School, 1057 Hughes Road, Madison, Alabama 35758  
 (256)722-0772 fax: (256)722-0151  
 www.stjohnb.com

**OFFICE USE ONLY**

DATE RECD: \_\_\_\_\_

TIME: \_\_\_\_\_

BAPTISMAL RECORD: \_\_\_\_\_

BIRTH CERT: \_\_\_\_\_

IMM: \_\_\_\_\_

REG. FEE/CK#: \_\_\_\_\_

REPORT CARD: \_\_\_\_\_

SS#: \_\_\_\_\_

RENWEB: \_\_\_\_\_ SPDSHT: \_\_\_\_\_

**NEW STUDENT ADMISSION APPLICATION 2016-2017**  
 (\$125.00 registration fee – non-refundable – upon acceptance)

Proposed Grade Placement: \_\_\_\_\_ Age on September 1, 2016: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Social Security # (Student): \_\_\_\_\_

First Middle Last

Address: \_\_\_\_\_

Street Apt. # City State Zip

Home Phone Number: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth: \_\_\_\_\_

City/State

Special abilities: \_\_\_\_\_ Special needs: \_\_\_\_\_

Religion (student): \_\_\_\_\_ Parish registered: \_\_\_\_\_

Number of Brothers: Younger \_\_\_ Older \_\_\_ Number of Sisters: Younger \_\_\_ Older \_\_\_

**Ethnicity: (REQUIRED, PLEASE CIRCLE)**

Hispanic/Latino or  
 Non-Hispanic/Latino

Student:	Year	Church	City	State
Baptism				
First Reconciliation				
First Communion				

**Race: (REQUIRED, PLEASE CIRCLE)**

Asian  
 Black/African American  
 Native American  
 Native Hawaiian/Pacific Islander  
 White  
 Two or more races

**FAMILY INFORMATION** Student lives with: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Name & Address: \_\_\_\_\_ Business Name & Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Business Number: \_\_\_\_\_ Business Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Religion of Father: \_\_\_\_\_ Religion of Mother: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Name of Guardian/Stepparents First Middle Initial Last Telephone Number

Address of Guardian/Stepparents City State Zip

Signature of Father or Guardian or Stepparent Signature of Mother or Guardian or Stepparent

**(OVER)**

School previously attended before St. John's: \_\_\_\_\_

School Address: \_\_\_\_\_

City

State

Zip

Person responsible for financial payments: \_\_\_\_\_

Has your child ever been tested for Special Education Services? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, does your child receive any special education services at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

Has your child been evaluated privately for learning or attention problems? Yes \_\_\_\_\_ No \_\_\_\_\_

Will you release a copy of the evaluation? Yes \_\_\_\_\_ No \_\_\_\_\_

**Medical Information**

Student's Physician: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Does your child have any health problems-physical/emotional e.g. Diabetics, ADD or ADHD, Allergies, etc.

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

Are there any situations or pertinent information, which we should know in order to further understand your child? E.g. custodial rights, visitation rights, child has been/is in counseling, etc.

Is your child on any medications? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of medications: \_\_\_\_\_

How were you referred to our school? \_\_\_\_\_

**Policies of the Catholic Schools  
Diocese of Birmingham in Alabama**

Application for registration implies good will on the part of parents in complying with the philosophy and regulations of Catholic Schools, Diocese of Birmingham, AL. "Every Catholic elementary and secondary school in the school system of the Diocese of Birmingham admits students without regard to sex, race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students of the schools. Schools do not discriminate on the basis of sex, race, color, national and ethnic origin in its employment practices, administration of education policies, admission and treatment of students, scholarships and loan programs." It is also our right and duty to decline the application of students who do not meet our standards of achievement and behavior. Grounds for expulsion include, but are not limited to, possession or use of alcohol, drugs, weapons, or other serious misconduct. All new students must present previous report card or records and present birth or baptismal record for proof of age. Children entering Kindergarten must be five years of age by September 1 of this year. Children entering first grade must be six year of age by September 1 of this year. Proof of age must be presented at time of application, and it will be subject to verification. All students are required to participate in religion class and any other specified religious activities or services. Any information on this form which is later found to be erroneous could be cause for nullification of registration or immediate dismissal of student.

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_