

NEW STUDENT ADMISSION APPLICATION 2019-2020

(\$150.00 registration fee – non-refundable – upon acceptance)



Current School Family? Yes or No
 Are you a parishioner? Yes or No
 If a parishioner, registered at St. John the Baptist Catholic Church OR
 Most Merciful Jesus Catholic Church? Please circle which one.

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

STUDENT INFORMATION:

Student's Name: First: _____ Middle: _____ Last: _____ Male: _____ Female: _____

Age on or before 09/01/2019: _____ Grade Placement: _____ If K4, indicate: ½ Day (M-F) (8-12): _____ ½ Day (MWF) (8-12): _____ Full day (M-F): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone Number: _____ Date of Birth: ____/____/____ Place of Birth: City/St _____

Student's Social Security #: _____ Ethnicity (please circle): Hispanic/Latino or Non-Hispanic/Latino

Race (please circle): Asian, Black/African American, Native American, Native Hawaiian/Pacific Islander, White, Two or more races

Number of Brothers: Younger _____ Older _____ Number of Sisters: Younger _____ Older _____ Language spoken at home: _____

Is student bilingual or multilingual? List languages spoken: _____

Religion (Student): _____ Church Registered: _____

Student:	Year	Church	City	State
Baptism				
First Reconciliation				
First Communion				

School previously attended before St. John's: _____

School Address: _____ City: _____ State: _____ Zip: _____

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: _____

Church Registered: _____ Church Registered: _____

Email Address: _____ Email Address: _____

Name of Guardian/Stepparent (If applicable): _____
 First Middle Initial Last Cell/Home Number

Address: _____
 City/State Zip Code Email

Signature of Father /Guardian/Stepparent: _____

Signature of Mother / Guardian/Stepparent: _____

(OVER)

ADDITIONAL INFORMATION REQUIRED:

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 _____

Is your child on any medications? Yes _____ No _____

Name of medications: _____

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.

Special abilities: _____

Special needs: _____

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 _____

FINANCIAL OBLIGATIONS:

Person responsible for financial payments: _____

Email address: _____

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 _____

OFFICE USE ONLY

DATE RECEIVED: _____ TIME: _____ REGISTRATION FEE: _____ CHECK # _____ CASH: _____

BAPTISMAL: _____ BIRTH CERT: _____ IMM: _____ REPORT CARD: _____ SS#: _____ RENWEB: _____ SPDSHT: _____

STUDENT NUMBER: _____ START DATE: _____ TEACHER: _____