

# NEW STUDENT ADMISSION APPLICATION 2020-2021

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



Current School Family? Yes or No

Are you a parishioner? Yes or No

If a parishioner, please circle which parish you are registered at:

St. John the Baptist Catholic Church OR Most Merciful Jesus Catholic Church

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 09/01/2020: \_\_\_\_\_ 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#: \_\_\_\_\_ FACTS: \_\_\_\_\_ SPDSHT: \_\_\_\_\_

STUDENT NUMBER: \_\_\_\_\_ START DATE: \_\_\_\_\_ TEACHER: \_\_\_\_\_