

**NEW STUDENT ADMISSION APPLICATION 2018-2019**  
 (\$125.00 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 09/01/2018: \_\_\_\_\_ 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: \_\_\_\_\_