



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

**NEW STUDENT ADMISSION APPLICATION 2026-2027**

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

**STUDENT INFORMATION:**

Student's Name: Last \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Male: \_\_\_\_\_ Female: \_\_\_\_\_ Grade Placement: \_\_\_\_\_ Age on or before 09/01/2026: \_\_\_\_\_ New Family: \_\_\_\_\_ Returning Family: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Place of Birth: City/St: \_\_\_\_\_ Primary Phone Number: \_\_\_\_\_

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

Ethnicity (please circle): Hispanic or Non-Hispanic

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

Language spoken at home: \_\_\_\_\_ Is student bilingual or multilingual? List languages spoken: \_\_\_\_\_

Student's Religion:	Year	Church	City	State
Baptism				
First Reconciliation				
First Communion				

School currently/Previously attended before applying to St. John's: \_\_\_\_\_ Contact Number: \_\_\_\_\_

School Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

During the application process, I grant administration permission to obtain necessary school records for admittance. Parent initial: \_\_\_\_\_

**FAMILY INFORMATION:** Current School Family? Yes \_\_\_\_\_ or No \_\_\_\_\_ Are you requesting parishioner tuition rate? Yes \_\_\_\_\_ or No \_\_\_\_\_

If so, which parish are you registered at: St. John the Baptist Catholic Church OR Most Merciful Jesus Catholic Church? (please circle which parish)

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: \_\_\_\_\_

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

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

Church Registered: \_\_\_\_\_

Church Registered: \_\_\_\_\_

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

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

Name of Guardian/Stepparent (If applicable):

Last: \_\_\_\_\_ First: \_\_\_\_\_ Contact Number: \_\_\_\_\_

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

Signature of Father: \_\_\_\_\_

Signature of Mother: \_\_\_\_\_

Guardian/Stepparent: \_\_\_\_\_

2 SIDED DOCUMENT

**ADDITIONAL STUDENT INFORMATION REQUIRED:**

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

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

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

Does your child have a current Alabama State Certificate of Immunization? (Must be the current shot record not an exemption) Yes \_\_\_\_\_ or No \_\_\_\_\_

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

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

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

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

**FINANCIAL OBLIGATIONS:**

Person(s) responsible for financial payments: 1) \_\_\_\_\_ 2) \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Additional Financial Information: \_\_\_\_\_

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 years of age by December 31 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: \_\_\_\_\_ FACTS: \_\_\_\_\_ SPDSHT: \_\_\_\_\_

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