



St. John the Baptist Catholic School
1057 Hughes Road Madison, AL 35758
Office: 256-722-0772 Fax: 256-722-0151 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: _____