



ST. JOHN
THE APOSTLE
CATHOLIC SCHOOL

est. 1844

New Student(s) Application

Please include \$25 application fee

Parent /Guardian Name: _____
Address: _____
City: _____ Zip Code: _____
Best Daytime Phone: _____ Alternate Phone: _____
Email: _____

Father's Name: _____ **Employer:** _____
Father's Religion: _____

Mother's Name: _____ **Employer:** _____
Mother's Religion: _____

I/We are actively registered at _____ Parish.

Student name: _____ **Grade entering 2018-2019:** _____
Preschool Families Only: Please indicate if you are applying for a 2,3,or 5 day program. _____
Date of Birth: _____ Currently Enrolled at: _____
Contact at Current School: _____
Phone Number: _____ Email: _____

Student name: _____ **Grade entering 2018-2019:** _____
Preschool Families Only: Please indicate if you are applying for a 2,3,or 5 day program. _____
Date of Birth: _____ Currently Enrolled at: _____
Contact at Current School: _____
Phone Number: _____ Email: _____

Sibling(s) not applying to SJA School:

Name: _____ Date of Birth: _____
Name: _____ Date of Birth: _____

I authorize the principal of St. John the Apostle Catholic School to contact the above listed school (s) and teacher(s) and to exchange information regarding admissions to SJA.

Parent Signature: _____ Date: _____

Please submit with current Report Card(s).