



ST. JOHN
INTERPAROCHIAL
SCHOOL

Application for
Admission
2023-2024

Attach
Current Photo

Application
Incomplete
without Photo

(Please type or print all information)

Applicant's Name _____

First

Middle

Last

Goes By

Gender: (Circle One) M F

Grade applicant is applying for _____

Social Security # _____

Is the applicant a U.S. Citizen? (Circle One) Yes No

Date of Birth _____

City of Birth _____

Applicant's Religion _____

Church Parish _____

(If Roman Catholic)

Applicant's
Father _____

Applicant's
Mother _____

(Prefix, First, Middle Initial, Last Name)

(Prefix, First, Maiden, Last Name)

Father's Address _____

Mother's Address _____

Zip

Zip

Father's Occupation _____

Mother's Occupation _____

Father's Place of Business _____

Mother's Place of Business _____

Father's Phone (Business) _____

Mother's Phone (Business) _____

(Cell) _____

(Cell) _____

(Home) _____

(Home) _____

(Email Address) _____

(Email Address) _____

Applicant is currently living with _____

(Parent/Guardian Legal Name)

(Relationship to Applicant)

Applicant's Mailing Address _____

Is anyone in immediate family of student an alumni of St. John School? Yes _____ No _____

If yes, whom? _____ Year graduated _____

(OVER)

Check if Applicable: Father deceased Mother deceased Parents separated
 Parents divorced Mother remarried Father remarried
 Father has legal custody Mother has legal custody Joint custody

School Now Attending _____

Grades attended in current school _____

List all other schools attended since kindergarten and indicate years of attendance. _____ For Grade(s) _____
_____ For Grade(s) _____
_____ For Grade(s) _____

Name	Grade	School
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Names of brothers and sisters, grades in school, and the names of the schools they are presently attending. If they have graduated from high school, put GRAD as grade and list the high school from which each graduated.

_____	_____	_____
_____	_____	_____
_____	_____	_____

Organizations/Activities in which applicant participates _____

Has the applicant been dismissed and/or asked to leave any school? _____ Yes _____ No

Has the applicant received either an "in-school" suspension or an "at-home" suspension from any classes at any school? _____ Yes _____ No

If "yes" to either of these, please explain _____

Please list any known allergies (ex. food, insects, etc), or medical diagnosis that may apply to this student such as ADD, ADHD, hearing impaired, etc. _____

Physician/Pediatrician (Name/Phone) _____

AGREEMENTS AND SIGNATURES

Parent's/Guardian's Signature _____ Date _____

This is only an application and should not be considered registration for St. John School I understand that an interview may be requested in addition to completing this application. The school does not discriminate on the basis of sex, race, creed, or national or ethnic origin. Admission is contingent upon review of the student's transcripts, standardized test scores, conduct, attendance, and all prior academic data. The final decision on the admission of a candidate is determined by the Admissions Committee. My signature above affirms that all of the information contained in this application is correct, complete, and honestly presented. I understand that withholding or misrepresenting information in this application may jeopardize my child's admission. I also agree to allow my child's previous school to share records and recommendations with the St. John School.