

SAINT JOHN THE EVANGELIST SCHOOL
PRE-SCHOOL through GRADE 6 APPLICATION

Boy ____ Girl ____

PRE-SCHOOL: Mon. - Fri. (5 days) ____ Mon./Wed./Fri. (3 days) ____ Tues./Thur. (2 days) ____

PRE-KINDERGARTEN _____ KINDERGARTEN _____ GRADE _____

CHILD'S NAME _____
Last First Middle

ADDRESS _____
Street City Zip Code

PHONE NO. _____
(include area code)

DATE OF BIRTH _____ PLACE OF BIRTH _____
Month/Day/Year City, State

DATE OF BAPTISM _____ CHURCH _____ CITY, STATE _____
Month/Day/Year

SCHOOL LAST ATTENDED _____
School City, State

FATHER'S NAME _____ PLACE OF BIRTH _____
City, State

RESIDENCE _____

OCCUPATION _____ RELIGION _____

MOTHER'S NAME _____ PLACE OF BIRTH _____
City, State

MAIDEN NAME _____ RESIDENCE _____

OCCUPATION _____ RELIGION _____

PARISH WHERE YOU ARE REGISTERED _____

APPLICATION FEE (\$50.00) _____

Siblings: _____ Age: _____

How would you like outgoing mail to be addressed? (Dr., Mr. & Mrs., Ms., etc.)

Name _____

Address _____

Email address _____