

**Saint John the Baptist Catholic School
Preschool Application for Admission
School Year 2020 – 2021**

Application Date: _____ How did you hear about Saint John School? _____

Preschool students must be 3 years old by September 1, 2020 to apply. Students must be potty trained by the first day of school.

STUDENT DATA

Legal Name: Last: _____ First: _____ Middle: _____ Nickname: _____

Gender: _____ Date of Birth: _____ (mm/dd/yy) City & State of Birth: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Primary Phone: _____ Email where official school communication can be sent: _____

Only child at this school? Yes No

If not only child, name sibling(s) at this school: _____ Grade(s): _____

The following information regarding ethnicity is for use in applying for Federal grants, NCEA Data Bank, and Diocese of Madison Data Hub:

Ethnicity of child: American Indian / Native Alaskan Asian Black Hispanic
 Native Hawaiian / Pacific Islander White Multi-Racial All Others

Child's Religion: _____ Baptized? Yes No

Student lives with: Both Parents Mother Father Guardian

FAMILY BACKGROUND

	<u>Mother</u>	<u>Father</u>	<u>Guardian (if applicable)</u>
Full Name:	_____	_____	_____
Maiden Name:	_____		_____
Country of Birth:	_____	_____	_____
Home Address:	_____	_____	_____
Work Phone:	_____	_____	_____
Cell Phone:	_____	_____	_____
Work Email:	_____	_____	_____
Occupation:	_____	_____	_____
Employer:	_____	_____	_____
Religion:	_____	_____	_____
Registered Parish:	_____	_____	_____
Primary language spoken at home:	_____	_____	_____

Marital Status:

Married
 Single
 Separated
 Divorced*
 Mother deceased
 Father deceased
 Mother remarried
 Father remarried

*Note: In the event of a divorce, decree of custody must be filed in the school office, as well as any specific instructions regarding release of the child.

DAYS OF ATTENDANCE:

Please mark your preference with 1 for first choice and 2 for second choice. Please put an X on the space for Friday if you want to request a third day. We will do our best to accommodate your preference.

Monday/Wednesday
 Tuesday/Thursday
 Friday (optional)

ADDITIONAL INFORMATION:

Has your child ever been tested or evaluated for any disability (i.e., Learning Disabilities, Attention Deficit Hyperactivity Disorder, Emotional Disabilities, etc.), English as a Second Language, or medical/emotional condition (including need for glasses, hearing aids, etc.)?

_____ Yes _____ No

If yes, please explain:

Information about disabilities is requested for the sole purpose of determining whether the school can provide the student with an appropriate education or reasonable accommodations and will not be used in determining whether he/she is otherwise qualified for admission; as such, if you answered “yes” to the question above, please provide:

- ❖ The description of any disability or medical condition that may affect the student’s ability to fully participate in the academic and/or other programs provided at our school.
- ❖ The dates of IEP, 504, Child Find, Special Education Eligibility, from public school or private testing, if applicable.
- ❖ Medical diagnosis or recommendations from pediatrician, psychologist, ophthalmologist, audiologist, etc., if applicable.
- ❖ A request of any adjustment or accommodation to allow participation to any program. Please provide sufficient evidence to allow us to assess your situation. We may request additional information from you and/or from an appropriate health professional.

Upon admission, we will determine if it is necessary to complete a plan to meet the needs of the student.

VERIFICATION

I verify that the information provided within this application is correct.

Printed Name of Parent/Guardian	Date	Signature of Parent/Guardian

MAIL OR FAX RECORDS TO:

Saint John the Baptist Catholic School
114 E. 3rd Street
Waunakee, WI 53597

Phone: 608-849-5325
Fax: 608-849-5342