

**Saint John the Baptist Catholic School  
Application for Admission  
School Year 2019 – 2020**

Application Date: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

How did you hear about Saint John 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: \_\_\_\_\_

Public School System in which the student resides: \_\_\_\_\_ Public School child would attend: \_\_\_\_\_

Check all that apply:      Only child at this school? \_\_\_\_ Yes \_\_\_\_ No      Oldest child at this school? \_\_\_\_ Yes \_\_\_\_ No

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

Previous Schools Attended:

<u>Name of School</u>	<u>Dates Attended</u>	<u>Grades</u>	<u>City</u>	<u>State</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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

For Catholic Applicants:	<u>Date</u>	<u>Church</u>	<u>City and State</u>
Baptism:	_____	_____	_____
Reconciliation:	_____	_____	_____
First Eucharist:	_____	_____	_____
Confirmation:	_____	_____	_____

**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.

**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:

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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. 3<sup>rd</sup> Street  
Waunakee, WI 53597

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