

Name of Applicant \_\_\_\_\_

Grade applying \_\_\_\_\_

# St. John Regional Catholic School

Frederick, Maryland

Founded 1829



Application for Admission

**Grades K—8**

St. John Regional Catholic School

8414 Opossumtown Pike

Frederick MD 21702

301 662-6722 Fax 301 695-7505

[www.sjracs.org](http://www.sjracs.org)

# New Student Registration Form 2009-2010

Student's Name \_\_\_\_\_ Grade entering \_\_\_\_\_  
Last First MI

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_ Social Security # \_\_\_\_\_

Ethnicity \_\_\_\_\_ (W/White, H/Hispanic, A/Asian, B/Black, M/Multi, P/Pacific Islander, I/American Indian)

Address \_\_\_\_\_  
Street City State Zip Code

Home Phone \_\_\_\_\_ County of Residence: \_\_\_\_\_

Public School/District \_\_\_\_\_ Last School Attended \_\_\_\_\_

Student's Religion: \_\_\_\_\_ Catholic Parish Registered \_\_\_\_\_

Place of Baptism: \_\_\_\_\_ Date of Baptism: \_\_\_\_\_

Place of First Eucharist: \_\_\_\_\_ Date of First Eucharist: \_\_\_\_\_

Place of First Penance: \_\_\_\_\_ Date of First Penance: \_\_\_\_\_

## Test Information

- Has your child been individually administered any of the following tests? yes / no  
If yes, please indicate which tests have been administered: (please provide copies of the evaluation)  
\_\_\_\_\_ Ability \_\_\_\_\_ Educational \_\_\_\_\_ Speech \_\_\_\_\_ Language  
\_\_\_\_\_ Psychological \_\_\_\_\_ Developmental \_\_\_\_\_ Motor Skills \_\_\_\_\_ Special Ed
- Has your child been evaluated for the following: ADD \_\_\_\_\_ ADHD \_\_\_\_\_ Mental Illness \_\_\_\_\_  
(If yes, please provide copies of the evaluation (IEP, 504, other testing).)
- Has your child ever received IEP or 504 accommodations? yes / no
- Does your child see the school counselor on a regular basis? yes / no  
If yes, please explain.

Would you like to discuss with an administrator? yes / no

---

Father's Name (last, first) \_\_\_\_\_

Father's Mailing Address (if different from student's)

\_\_\_\_\_ Street City State Zip Code

Father's Employer \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_

Father's Work Phone \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Father's Home Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Father's Religion: \_\_\_\_\_

Marital Status: (Single, Married, Separated, Divorced, Widowed) please circle one

Relationship to student: (biological father, step-father, guardian, adoptive parent) please circle one

**Family Information**

●To whom should school correspondence be addressed: (i.e. Mr. & Mrs. / Ms. / Dr. & Mrs. Name, Etc):

\_\_\_\_\_

●Family e-mail address (to send school notices) \_\_\_\_\_

●Student lives with: (circle one) both parents / one parent / one parent & step parent / guardian

●If applicable, legal status of child's custody: \_\_\_\_\_

*Appropriate paperwork such as divorce decree, custody papers, should be attached if a parent is not allowed to pick up the child.*

Often our children are part of a blended family. If you have a situation like this and wish to share information with us that will help us better serve you and your child, please make note of it here.

●Siblings applying? yes / no If yes, Name/Grade \_\_\_\_\_

●Any family members who are alumni? yes / no

Name of alumnus: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years attended (mo/yr): \_\_\_\_\_

Name of alumnus: \_\_\_\_\_ Relationship: \_\_\_\_\_ Years attended (mo/yr): \_\_\_\_\_

●Grandparent information:

The following information will be used for invitations to special school activities and for development purposes.

Please check if you prefer they **NOT** be contacted: \_\_\_\_\_

Names of paternal grandparents \_\_\_\_\_

Address: \_\_\_\_\_

Names of maternal grandparents: \_\_\_\_\_

Address: \_\_\_\_\_

---

Mother's Name (last, first) \_\_\_\_\_

Mother's Mailing Address (if different from student's)

\_\_\_\_\_

Street	City	State	Zip Code
--------	------	-------	----------

Mother's Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_ Job Title: \_\_\_\_\_

Mother's Work Phone \_\_\_\_\_ Mother's Cell Phone: \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Mother's Religion: \_\_\_\_\_

Marital Status: \_\_\_\_\_ (Single, Married, Separated, Divorced, Widowed) Maiden Name: \_\_\_\_\_

Relationship to student: (biological mother, step-mother, guardian, adoptive parent) *please circle one.*

For the purposes of coordinating sacramental preparation, the family name(s), address, and grade of your child will be forwarded to your home parish. Please contact the school office if you do NOT want us to share this information with your parish.

Did anyone refer you to St. John Regional Catholic School? yes / no  
 If yes, please provide the name of who referred you to our school. \_\_\_\_\_  
 If no, how did you hear about St. John's (i.e. internet, newspaper, etc.) \_\_\_\_\_

To be considered for admission to St. John Regional Catholic School, this registration form must be filled out in its entirety. A registration fee of \$265 and a \$25 testing fee per child (grades 1-8) will be required for each child. Registration fees are not refundable unless the child is not placed in a class for the 2009-2010 school year.

Parental signature below indicates that you have read and understand the above policies.

\_\_\_\_\_  
 Parent Signature Date

**FOR OFFICE USE**

- |   |  |
|---|--|
| _____ Registration form                   | _____ Social security number                           |
| _____ Tuition contract                    | _____ Catholic Parish _____                            |
| _____ Registration fee                    | _____ Non-Catholic                                     |
| Check # _____ Amt. \$ _____               | _____ Release of Information                           |
| _____ Testing Fee                         | _____ Recommendation from prior school<br>(grades 1-8) |
| Check # _____ Amt. \$ _____               | _____ Report Card                                      |
| _____ Siblings                      Grade | _____ Standardized test results (Gr. 1-8)              |
| _____                              _____  | _____ Parent Observation (K)                           |
| _____                              _____  | _____ Photo (K)  |
| _____                              _____  | _____ Transfer from _____                              |
| _____ Birth Certificate                   | _____ IEP  |
| _____ Baptismal Certificate               | _____ 504  |
| _____ Immunization record                 |  |

Accepted by: _____	Date: _____
Referred by: _____	
Student Accepted YES / NO	Request for transcripts: _____