

Name of Applicant _____

St. John Regional Catholic School

Frederick, Maryland

Founded 1829



Application for Admission
Pre-Kindergarten

St. John Regional Catholic School

8414 Opossumtown Pike

Frederick MD 21702

301 662-6722 Fax 301 695-7505

www.sjracs.org

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 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(s) of your child (ren) 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 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 | _____ Birth Certificate |
| _____ Tuition contract | _____ Baptismal Certificate |
| _____ Registration fee | _____ Immunization record |
| Check # _____ Amt. \$ _____ | _____ Social security number |
| _____ Siblings Grade | _____ Catholic Parish _____ |
| _____ _____ | _____ Non-Catholic |
| _____ _____ | _____ Release of Information |
| _____ _____ | _____ Parent Observation Form |
| | _____ Photo |

Accepted by: _____ Date: _____

Referred by: _____

Student Accepted YES / NO Request for transcripts: _____