

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](http://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, must be on file at the school.*

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): \_\_\_\_\_

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● 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: \_\_\_\_\_

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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 \$275 will be required for each child. Registration fees are not refundable unless the child is not placed in a class for the 2010-2011 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

\_\_\_\_\_ Guardianship paperwork  
(court documents, etc.)

Accepted by: \_\_\_\_\_ Date: \_\_\_\_\_

Referred by: \_\_\_\_\_

Student Accepted YES / NO              Request for transcripts: \_\_\_\_\_