

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

New Student Registration Form 2012-2013

Student's Name _____ Grade entering _____
Last First MI

Date of Birth _____ Age _____ Gender _____ Social Security # _____
(must be 5 years old by September 1, 2012 for Kindergarten)

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 through the FCPS/IEP process or by specialists in or out of school? yes / no

If yes, please indicate which tests have been administered and **provide evaluation reports with the application.**

_____ 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.)

●Does your child see a counselor on a regular basis? yes / no
If yes, please explain.

●Does your child have any special needs? Y N. If yes, please circle those below which apply?
_____ Physical _____ Dyslexia _____ Other

●Has your child ever been asked to leave another educational setting? yes / no

●Would you like to discuss any of the above 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

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.*

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): _____

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: _____

ALERT NOW (Archdiocese of Baltimore's Immediate Notification System)

Please provide the following information:

Primary Phone _____ Primary Email _____

Secondary Phone _____ Secondary Email _____

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 application form must be filled out in its entirety. A registration fee \$325 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 2012-2013 school year.

To ensure that SJRCS can provide for your child's needs, copies of evaluations to date of any kind performed elsewhere need to be presented with the application for admission.

- 1. Is the student in good financial standing at all previous institutions and eligible to return? Y N
 - 2. Has any disciplinary action been initiated or taken against the student at any of the institutions attended?
- If you answered no to question 1, or yes to question 2, please attached a statement describing the situation and its resolution.

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. \$ _____ | _____ Recommendation from prior school
(grades 1-8) |
| _____ Testing Fee | _____ Report Card |
| Check # _____ Amt. \$ _____ | _____ Standardized test results (Gr. 2-8) |
| _____ Siblings Grade | _____ Parent Observation (K) |
| _____ _____ | _____ Photo |
| _____ _____ | _____ Transfer from _____ |
| _____ _____ | _____ IEP |
| _____ Birth Certificate | _____ 504 |
| _____ Baptismal Certificate | _____ Guardianship paperwork
(court documents, etc.) |
| _____ Immunization record | |

Accepted by: _____	Date: _____
Referred by: _____	
Student Accepted YES / NO	Request for transcripts: _____
Pre-School Form Mailed _____	Pre-School Form Received _____