



St. John the Baptist Catholic School

315 N. Constitution Ave.
New Freedom, PA 17349
717-235-3525
www.stjnschool.org

Application for Elementary School Admission

PLEASE PRINT

Grade Enrolling For _____

Student's Name _____ Gender _____
Last First Middle

Address _____
Street/P.O. Box City State Zip Code

Primary Email _____ Date of Birth _____

Religion of Student _____ Name of Parish or Church _____

Date of Baptism & Church _____

School Admitted From _____ School District _____

Father's Name _____ Father's Religion _____

Father's Address _____
Street/P.O. Box City State Zip Code

Father's Cell Phone _____ Father's Email _____

Mother's Name _____ Mother's Religion _____

Mother's Address _____
Street/P.O. Box City State Zip Code

Mother's Cell Phone _____ Mother's Email _____

Current Family Situation:
Married Single Parent Father Deceased
Separated Father Remarried Mother Deceased
Divorced Mother Remarried

Student lives with:
Father Mother Grandparent(s)
Step-father (list name)
Step-mother (list name)
Other (list name/relationship)

Parental Rights (in case of separation or divorce): _____
(please attach copy of court order)

Is another language besides English spoken at home?
No Yes If yes, what language?

Is the student a United States citizen? No Yes

Additional relatives who have attended or graduated from St. John the Baptist Catholic School:

Table with 3 columns: Name, Relationship, Graduation Year. Three rows for listing relatives.

How did you hear about our school?
Web Search Members of the Parish Word of Mouth Yard Sign
Social Media Local Paper Other

FOR OFFICE USE ONLY

- First Time Applicant
Former SJB Student
Previous Applicant

Application Received _____
Application Completed _____
Accepted or Denied _____

Please take a few minutes to consider the following questions. Your responses, along with records received from the sending school, will provide us with the background we need to evaluate your child's application. Information you share will be regarded respectfully and confidentially. Please provide explanations for anything that is answered "YES" including dates, grades, etc.

1. Has the student ever skipped a grade? If so, what grade? No Yes (explain)

2. Has the student ever repeated a grade? If so, what grade? No Yes (explain)

3. In the last two years, has the student been tardy to school more than ten times per year? No Yes (explain)

4. In the last two years, has the student been absent from school more than ten times per year? No Yes (explain)

5. Has the student ever been suspended or expelled from school? No Yes (explain)

6. Has the student attended other schools? If yes, please list them and the grades. No Yes (explain)

7. Has psychological or psychiatric help/testing been sought for the student for emotional, behavioral, mental or academic evaluation? No Yes (explain)

8. Has the student ever attended an alternative program? No Yes (explain)

9. Has the student ever had an Individualized Education Plan (IEP), Evaluation Report (ER) or 504 Plan? If yes, please include a copy with the application. No Yes (explain)

I affirm this application is accurate to the best of my knowledge and recognize that deliberate falsification or omission of relevant information can be basis for student dismissal.

Parent Name (please print)

Parent Signature

Parent Name (please print)

Parent Signature

Student Name (please print)

Date

Date