



ST. JOHN CATHOLIC SCHOOL
270 E. Lewelling Blvd., San Lorenzo, CA 94580

APPLICATION FOR ADMISSION

Date _____ Applying for Grade _____

Have you applied to St. John School before? Yes___ No___ What Grade: _____

Do you have other children in our school? Yes___ No___ What Grade(s) _____

Did you or other family members attend our school? Yes___ No___

STUDENT'S NAME: _____
First Middle Last

Male _____ Female _____ Date of Birth _____ Age: _____

Place of Birth _____ Home Phone _____

Address _____
(Number) (Street/Avenue) (City/State) (Zip)

Resides With: _____ Both Parents _____ Single Parent _____ Shared Custody
_____ Grandparents _____ Other

Ethnic Background: _____Caucasian _____Native American _____African American
_____Filipino _____Hispanic _____Asian _____Pacific Islander _____Other

Religion: _____ Parish: _____ U.S. Citizen: _____

Language(s) Spoken at Home: _____

Baptized: _____
(Date) (Church) (City/State)

First Communion: _____
(Date) (Church) (City/State)

All Schools Previously Attended: _____
(School) (Address) (City/State)

(School) (Address) (City/State)

Does your child have any special needs? _____

Has your child ever received services such as speech therapy, special education, tutoring or counseling? If yes, which services, and for how long? _____

Please share any medications or health issues that affect your child: _____

Family Information

(Please Print)

Father:

Mother:

(Last Name) (First) (Initial)

(Maiden Name) (First) (Initial)

(Home Address)

(Home Address)

(City//State/Zip)

(City/State/Zip)

(Home Phone)

(Home Phone)

(Place of Birth) (U.S.Citizen)

(Place of Birth) (U.S. Citizen)

(Religion) (Parish)

(Religion) (Parish)

(Employer)

(Employer)

(Phone #)

(Phone #)

Marital Status:

Marital Status:

Married _____ Single _____

Married _____ Single _____

Separated _____ Deceased _____

Separated _____ Deceased _____

Divorced _____ Widowed _____

Divorced _____ Widowed _____

Remarried _____

Remarried _____

Legal Guardian (if not living with parents):

(First Name) (Middle Name) (Last Name)

(Address) (Phone)

(Religion) (Occupation) (Business Address) (Phone #)