

# St. John Neumann Academy

## Application for Admission

**Student Information:** \_\_\_\_\_  
Last Name First Name MI  
Address City/State Zip Code  
Date of Birth: \_\_\_\_\_  Male  Female **Grade for 2018 - 2019:** \_\_\_\_\_

Language(s) Spoken at Home: \_\_\_\_\_

**If Catholic:**

	Date	Church	City/State
Baptism	_____	_____	_____
First Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____

Name and location of parish where your family is registered: \_\_\_\_\_

**If not Catholic:**

Religion: \_\_\_\_\_ Church Affiliation: \_\_\_\_\_

**List information for all previous schools the student has attended: (If the student has attended more than two schools, please attach the information to this application.)**

School Name: \_\_\_\_\_ School Telephone: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ Grade Level(s): \_\_\_\_\_  
School Address: \_\_\_\_\_  
Street, City, State

Reason for leaving this school: \_\_\_\_\_

School Name: \_\_\_\_\_ School Telephone: \_\_\_\_\_  
Dates Attended: \_\_\_\_\_ Grade Level(s): \_\_\_\_\_  
School Address: \_\_\_\_\_  
Street, City, State

Reason for leaving this school: \_\_\_\_\_

**Why are you considering changing schools (For 1<sup>st</sup> – 8<sup>th</sup> Grade Applicants)?** \_\_\_\_\_

**Please list other school you are applying to:** \_\_\_\_\_

**Give a brief explanation why you are interested in having this student attend SJNA.**

**Describe your academic goals for this student while he/she is attending SJNA. Please include the number of years you plan for this student to attend SJNA.** \_\_\_\_\_

**Please list any special interests of this student:** \_\_\_\_\_

**Has this student ever had any of the following services?**

Gifted and Talented	<input type="checkbox"/> Yes <input type="checkbox"/> No	English as a Second Language	<input type="checkbox"/> Yes <input type="checkbox"/> No
Special Education/Individual Education Plan/504	<input type="checkbox"/> Yes <input type="checkbox"/> No	Mental Health Services	<input type="checkbox"/> Yes <input type="checkbox"/> No
Speech/Occupational/Physical Therapy	<input type="checkbox"/> Yes <input type="checkbox"/> No	Tutoring Services	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes to any of the above, please explain and provide a copy of any applicable/necessary documentation.

**Has this student been expelled, asked to withdraw, or suspended from another school?**  Yes  No

If yes, please list the name of the school and explain: \_\_\_\_\_

**Please list the names and following information for siblings or children living in the household:**

Name: \_\_\_\_\_ Age/Grade: \_\_\_\_/\_\_\_\_ School: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age/Grade: \_\_\_\_/\_\_\_\_ School: \_\_\_\_\_  
 Name: \_\_\_\_\_ Age/Grade: \_\_\_\_/\_\_\_\_ School: \_\_\_\_\_

**Custodial Parent # 1:**

Relationship to Student: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address (if different than student address):  
 \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Religion:  
 Catholic / Parish: \_\_\_\_\_  
 Non-Catholic \_\_\_\_\_  
 None

**Custodial Parent # 2:**

Relationship to Student: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address (if different than student address):  
 \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Religion:  
 Catholic / Parish: \_\_\_\_\_  
 Non-Catholic \_\_\_\_\_  
 None

**Please check all that apply:**

Married       Separated       Single       Divorced  
 Mother Remarried    Father Remarried    Mother Deceased    Father Deceased    Other \_\_\_\_\_

**Custodial Parent/Guardian Information:**

Student lives with:  Both Parents    Mother    Father    Grandparent(s)    Other: \_\_\_\_\_

**If applicable, name of person or agency having legal custody:** \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

St. John Neumann Academy does not discriminate on the basis of race, religion, color, national and/or ethnic origin in the administration of its admission/educational policies, and other school administered programs. While St. John Neumann Academy does not discriminate against students with special needs, a full range of services may not be available to them because of limited resources at our school.

Please note that an assessment of the Admission Application, an official and complete student record from previous school(s), and an interview with the Director and the Lead Teacher are required. If any information is withheld or falsified at the time of the application process, St. John Neumann Academy reserves the right to dismiss the student. A non-refundable \$50/child application fee, payable to SJNA, must accompany this application.

If enrollment is offered, all new students will be on probation for the first quarter of enrollment.

I hereby submit this confidential application for admission of the above named student to St. John Neumann Academy.

\_\_\_\_\_  
 Printed Name of Parent/Guardian

\_\_\_\_\_  
 Signature of Parent/Guardian

\_\_\_\_\_  
 Date

<p><b>For Office Use:</b> <input type="checkbox"/> Complete Application      <input type="checkbox"/> Birth Certificate      <input type="checkbox"/> IEP/504 Reports (if applicable)  <input type="checkbox"/> Complete Student Records      <input type="checkbox"/> Application Fee      <input type="checkbox"/> Custody Decree (if applicable)  <input type="checkbox"/> School Entrance Health Form      <input type="checkbox"/> Standardized Test Scores      <input type="checkbox"/> Baptismal Certificate (if applicable)</p>
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