



St. John Catholic School

An education ministry of St. John the Baptist Catholic Church

270 E. Lewelling Blvd. San Lorenzo, CA 94580 (510) 276-6632 www.stjohncatholicsschool.org

Application for Admission

Date: _____ Applying for Grade: _____

Have you applied to St. John Catholic School before? Yes No If so, what grade? _____

Did you or another family member attend St. John Catholic School? Yes No Year Graduated _____

Student Name: _____
First Middle Last

Home Address: _____
Street Address City State Zip

Home Phone: _____ Alternate Phone: _____

Male Female Date of Birth: _____ Age: _____

Place of Birth: _____ U.S. Citizen? Yes or No
City State Country

Ethnic Background: Caucasian Native American African American Filipino Hispanic
 Asian Pacific Islander Other: _____

Language(s) spoken at home: _____

Religion: _____ Parish: _____

Baptized: _____
Date Church City / State

First Communion: _____
Date Church City / State

All schools previously attended: _____
School Address City/State/Zip

School Address City/State/Zip

Does your child have any special needs? _____

Has your child ever received services, such as speech therapy, special ed., tutoring, or counseling?

Yes or No If yes, for which services and how long? _____

Are there any medical or health issues that affect your child? If yes, please state: _____

Family Structure (please check one) Student lives with:

both parents single parent grandparents blended family Other: _____

Other children in the family:

_____ Name _____ Birthday _____ Baptized (Y or N) _____

_____ Name _____ Birthday _____ Baptized (Y or N) _____

Father:

Mother:

_____ Last Name _____ First _____ Middle _____

_____ Maiden Name _____ First _____ Middle _____

_____ Address _____

_____ 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 _____

_____ Work Phone _____

_____ Work Phone _____

_____ e-mail address _____

_____ e-mail address _____

Legal Guardian (if student is not living with his/her parents):

_____ First _____ Middle _____ Last _____

_____ Address _____ City _____ State _____ Zip _____

_____ Religion _____ Occupation _____ Business Address _____ Phone _____

How did you hear about St. John Catholic School?

Current SJCS Parent Catholic Voice Church Bulletin Online/website Bay Area Parent

Other: _____