

ST. JOHN SCHOOL

A PERSONALIZED LEARNING ACADEMY

2020-21 New Student Application

Instructions: Please print legibly.

Student Data				
Student Last Name:		First Name:		Middle:
Address:			City:	State: Zip:
Date of Birth:	Gender:		Grade Entering 2020-21:	

Parent or Guardian Contact Information				
Name:		Residing in same home as student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone:	Phone Type:	Relationship:		
Address:		City:	State:	Zip:
Employer:		Email Address:		
Name:		Residing in same home as student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone:	Phone Type:	Relationship:		
Address:		City:	State:	Zip:
Employer:		Email Address:		
Name:		Residing in same home as student? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Phone:	Phone Type:	Relationship:		
Address:		City:	State:	Zip:
Employer:		Email Address:		

By signing below, I acknowledge:

- Application of this child at St. John School for the 2020/21 academic year. Admittance of the student is contingent upon successful completion of application and enrollment process and not guaranteed.
- The **non-refundable**, annual Registration Fee of \$300 (reduced to \$200 with payment on or before February 14, 2020) is due upon admittance and will not apply to the total tuition cost:
 \$7,290 Grades K – 2nd \$7,790 Grades 3rd - 8th
- A student must be officially registered including payment of the registration fee before applying for tuition assistance.
- I have read and will publicly support the beliefs and teachings of St. John School as outlined in the School Handbook and will strive to maintain the Christ-centered unity of our community.

 Signature of Parent/Guardian Date _____

 Signature of Parent/Guardian Date _____

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Transcript Release

Student Information				
Student Last Name:		First Name:		Middle:
Address:		City:	State:	Zip:
Date of Birth:	Gender:	Current School:		Current Grade:
Current School Full Address:				
School Phone Number:			School Fax Number:	

I authorize St. John School to contact schools and other sources to obtain information relative to my child's application for enrollment. I authorize the following information regarding the child listed above released directly to St. John School.

- Grades from the past two school years and the most current school year. Final transcripts are due by June 15th.
- Aptitude and achievement test scores.
- Interpretation of grading scale.
- Psychological and special needs testing results.
- Attendance and disciplinary records.
- Immunization and medical records.

Statement of confidentiality: *It is our policy at St. John School that all information received regarding a student's application for admission will be treated with complete confidentiality. Only authorized school personnel have access to this information and then only to the extent that the information is relevant to the admission decision. Information received within the guidelines of this policy is not disclosed to the applicant or to the applicant's family.*

Signature of Parent/Guardian Date _____

Signature of Parent/Guardian Date _____

NOTE TO SENDING SCHOOL:

Please send the documents requested above to admissions@stjstl.net or

Mail to:

Student Records
 St. John School
 15800 Manchester Road
 Ellisville, MO 63011

If you have any questions, please contact our school office at 636.779.2325.