



SAINT JOHN NEUMANN CATHOLIC SCHOOL

Excellence in Catholic Education, Faith Formation and Service to Others

ADMISSIONS APPLICATION 2015-2016

INSTRUCTIONS:

Please complete the student application and Family Stewardship Form in print format (6 pages), and provide any additional documentation as required. All applications must be submitted in person at the school office Monday through Friday between the hours of 8:00 AM and 2:30 PM. Applications will be accepted as of January 12, 2015.

If Any Information or Documents Are Missing, Your Application Will Not Be Processed

ORIGINAL DOCUMENTS MUST BE PRESENTED FOR VERIFICATION:

- ORIGINAL** Birth Certificate
- ORIGINAL** Baptismal Certificate
- ORIGINAL** First Communion Certificate (Does not apply to Pk3-2nd)
- Recent Report Card (K-8th)
- Current Immunization Record (HRS form 3040 & 680)
- Standardized Test Results (2 - 8)
- Parish Family Participation Form
- Application Fee / Screening Fee (\$175...\$75 for pre-approved ESE applicants) **NON-REFUNDABLE****

SAINT JOHN NEUMANN CATHOLIC SCHOOL
ADMISSIONS APPLICATION 2015-2016

Complete name of child: _____ **Grade applying for:** _____
Last First Middle

Gender: _____ **Age on Sept. 1, 2015** _____ Application Date: _____

Have you applied before? Yes _____ No _____ Date of previous application: _____

Grade presently attending: _____ Present School: _____

Date of Birth: _____ **Place of Birth:** _____
City State/Country

Child's Social Security #: _____ Citizenship: _____ U.S. Citizen _____ **Non-U.S. Citizen:** _____
Specify Country

Baptism: _____
Date Name of Church City, State/Country

First Communion: _____
Date Name of Church City, State/Country

Child's home address: _____ City: _____ Zip Code: _____

Best phone number to call: _____

Registered Parish: _____ **Envelope #:** _____

Who is presenting this application for the child? _____
Name Relationship to child

Please fill out Guardian information in place of parent if applicable. I am the applicant's Guardian _____

Father's Name: _____ Mother's Name: _____

Best number to call: _____ Best number to call: _____

E-mail: _____ E-mail: _____

ESE APPLICANTS ONLY: If your child requires ESE services, the St. John Neumann Catholic School ESE Pre-Application MUST be completed and processed FIRST. This application will NOT be processed unless the Pre-Application has been approved.

Has the SJNCS ESE Pre-Application been reviewed and accepted? Yes _____ No _____

Is there any pertinent medical, educational or psychological history that the school should be informed about?
Yes _____ No _____ *(If yes, please explain with an attached letter, and include all necessary documentation)*

Are you applying for a McKay Scholarship? Yes _____ No _____
(Must have an approval form from McKay)

QUESTIONNAIRE:

1. How did you hear about SJNCS? _____

2. It is the aim of our school to integrate religious truths and values with the rest of learning and living in order to achieve academic excellence. These truths are taught and reinforced by prayer, liturgy, Catholic values and formal religious studies. This is achieved in an atmosphere of cooperation between the staff, students and parents. What role do you, as a parent, see yourself as a SJNCS parent?

3. Based on the student's screening / entrance exam, your child may be asked to attend a summer tutoring program. Are you willing to enroll your child in our fee based summer tutoring program? Hours to be determined based on exam results.
Yes _____ No _____

4. Are you applying with the Step-Up Program? Yes _____ No _____

5. List all schools your child has attended in chronological order:
_____ State: _____ Year: _____
_____ State: _____ Year: _____

6. Reason for leaving previous school: _____

7. Has the applicant ever been suspended or dismissed for academic or discipline reasons from a previous school? Yes ___ No ___ (If yes, please explain): _____

8. Were you referred by any school or parish member? (If so, please provide name): _____

9. Are either of the parents SJNCS alumni? Yes _____ No _____
(Name): _____ SJNCS Year of graduation: _____

10. Does your child attend CCD? Yes: ___ No: ___ Parish: _____

11. Does the child take any medication on a regular basis? Yes _____ No _____ (If yes, please explain):

Student Applicant Name: _____ Grade applying for: _____

FOR NON-United States Citizens only:

What VISA does your child hold? _____

What VISA is being applied for? _____

Which institution issued last I-20? _____

If you are presenting an application for any other children at SJNCS for the first time, please fill out the information below (One application per child is required).

<u>Name of child</u>	<u>Grade applying for:</u>	<u>Grade in August 2015</u>
_____	_____	_____
_____	_____	_____

I understand Saint John Neumann Catholic School (SJNCS) provides a quality Catholic education, rooted in the Gospel, committed to academic excellence, faith formation, and service to others, developing active community members who model Christianity in both words and actions.

I certify that the information given in this application is complete and accurate, and I understand that to make false statements or omit information within this application may result in denial of admission or dismissal from the school. I also understand that by applying for admissions and upon admittance to SJNCS that I will read and abide by policies and procedures outlined in the school handbook.

Signature of parent or legal guardian

Date

FOR OFFICE USE ONLY

APPLICATION PROCESSING:

Application fee received by: _____ Date: _____

Cash: \$ _____ Check # / amount: # _____ \$ _____

ESE student: Yes _____ (Pre-Application must be approved prior) No _____

ACCEPTANCE PROCESSING:

Date of entrance exam: _____

Accepted: _____ Wait Listed: _____ Not accepted: _____

Comments: _____

Summer tutoring required: Yes _____ No _____

SAINT JOHN NEUMANN CHURCH PARISH MEMBERS

2015-2016 PARISH STEWARDSHIP FAMILY PARTICIPATION INFORMATION

Family Last Name: _____ SJN Parish Envelope #: _____

Father's Name: _____ Mother's Name: _____

Student Names:

Grade in August 2015:

<u>FATHER</u>	<u>MOTHER</u>
Parish Ministries Currently Involved In:	
Retreats Attended/Date:	

2014 Mass Attendance Record:

Jan. Feb. Mar. _____

Apr. May June _____

July Aug. Sept. _____

Oct. Nov. Dec. _____

2015 Mass Attendance Record

Jan. Feb. Mar. _____

Apr. May June _____

July Aug. Sept. _____

Oct. Nov. Dec. _____

NON-SJN CHURCH PARISH MEMBERS

2015-2016 PARISH STEWARDSHIP FAMILY PARTICIPATION INFORMATION

If you are a member of another parish, then please have your parish participation confirmed with your pastor's signature and attendance recorded at the bottom of this form.

Family Last Name: _____ Parish Envelope #: _____

Father's Name: _____ Mother's Name: _____

Student Names:

Grade in August 2015:

<u>FATHER</u>	<u>MOTHER</u>
Parish Ministries Currently Involved In:	
Retreats Attended/Date:	

2014 Mass Attendance Record:

Jan. Feb. Mar. _____
 Apr. May June _____
 July Aug. Sept. _____
 Oct. Nov. Dec. _____

2015 Mass Attendance Record

Jan. Feb. Mar. _____
 Apr. May June _____
 July Aug. Sept. _____
 Oct. Nov. Dec. _____

The _____ family is a member of _____ Parish.

Pastor's Signature: _____ Date: _____