



SAINT JOHN NEUMANN CATHOLIC SCHOOL

Excellence in Catholic Education, Faith Formation and Service to Others

2016-2017 ADMISSIONS APPLICATION

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 2:00 PM. Applications will be accepted as of January 11, 2016.

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

ORIGINAL DOCUMENTS MUST BE PRESENTED FOR VERIFICATION:

- ☐ Recent Report Card (K-8th)
- ☐ Current Immunization Record (HRS form 3040 & 680)
- ☐ Standardized Test Results (2 - 8)
- ☐ Parish Family Participation Form
- ☐ Application / Screening: **\$175 (NON-REFUNDABLE)**

ESE APPLICANTS ONLY: If your child requires ESE services, the St. John Neumann Catholic School ESE Application MUST be completed in lieu of this application. ESE applications available upon request.

MCKAY APPLICANTS: All McKay Scholarship applicants **MUST** complete the ESE application.
(*Must have an approval form from McKay*)

SAINT JOHN NEUMANN CATHOLIC SCHOOL
2016-2017 ADMISSIONS APPLICATION

Complete name of child: _____ **Grade applying for:** _____

Gender: _____ **Age on Sept. 1, 2016** _____ Application Date: _____

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

Grade presently attending: _____ Present School: _____

Date of Birth: _____ **Place of Birth:** _____

An original birth certificate will be required upon acceptance

City

State/Country

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

Best phone number to call: _____

Catholic? Yes _____ No _____ Other Religious Affiliation? _____

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

Registered Parish: _____ Envelope #: _____

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

Are either of the parents an SJNCS alumnus? Yes _____ No _____

Alumnus Name: _____ SJNCS Year of graduation: _____

Who is presenting this application for the child? _____

Name

Relationship to child

Please indicate if you are the applicant's legal guardian and fill in the information below as a parent _____

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

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

E-mail: _____ E-mail: _____

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).

Name of child _____ Grade applying for: _____ Grade in August 2016 _____

Please indicate number of younger siblings that you plan on applying for in the future and for which school year and grade. # of siblings: _____ School Year: _____ Grade: _____ NA: _____

FOR NON-United States Citizens only:

What VISA does your child hold? _____ What VISA is being applied for? _____

Which institution issued last I-20? _____

Student Applicant Name: _____ Grade applying for: _____

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

9. 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)

Student Applicant Name: _____ Grade applying for: _____

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 completion of the entrance exam or screening does not guarantee acceptance and that if my child should be admitted 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:

Received by: _____ Date: _____

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

ACCEPTANCE PROCESSING:

Date of entrance exam: _____

Accepted: _____ Wait Listed: _____ Not accepted: _____

Comments: _____

Summer tutoring required: Yes _____ No _____

SAINT JOHN NEUMANN CHURCH PARISH MEMBERS

2016-2017 PARISH STEWARDSHIP FAMILY PARTICIPATION INFORMATION

Family Last Name: _____ **SJN Parish Envelope #:** _____

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

Student Names:

Grade in August 2016:

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

2015 Mass Attendance Record:

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

2016 Mass Attendance Record:

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

NON-SJN CHURCH PARISH MEMBERS

2016-2017 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 2016:

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

2015 Mass Attendance Record:

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

2016 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: _____