

APPLICATION FOR ADMISSION - ST. JOHN'S DAY SCHOOL

Application for Grade ____ in the school year _____. Date of Application _____
(for K/3 - please indicate 3 or 5 day)

Name of Applicant _____
First Middle Last (Name called)

Residence _____
Street City State Zip

Date of Birth _____ Social Security # _____ (M) _____ (F) _____

Current School and Address _____

_____ Phone # & FAX # _____

Father's Name _____

Residence _____ Home Phone _____

Business _____ Work Phone _____

Mother's Name _____

Residence _____ Home Phone _____

Business _____ Work Phone _____

If applicant does not reside with either parent, please provide the following information:

Name _____ Relationship _____

Home Phone _____ Business Phone _____

About the applicant:

1. Does the applicant have any medical or emotional conditions or disabilities that would impair full participation in St. John's programs? If yes, please explain.

Parent's Signature _____ Date _____

Please return the above form and the NONREFUNDABLE registration fee (prices quoted

below) to St. John's Day School, 520 North 5th Avenue, Laurel, MS 39440. St. John's Day School enrolls students without regard to race, color, religion or national/ethnic origin.

THE FOLLOWING INFORMATION SHOULD BE SUPPLIED WITH THE APPLICATION:

1) A copy of the applicant's certified birth certificate.

2) A copy of the applicant's social security number.

3) Immunization Record

K/3 & K/4 - A copy of the applicant's "shot record" from a physician or the

Health Department.

K/5 - 6th Grade - Immunization Compliance Form from the Health Department or physician. This is a specific form required to be in the student's cumulative record showing proof that the required number of immunizations have been received.

4) Deposit Check: (Effective 1/01//06)

\$125.00 - K/3 (3-Day)

\$150.00 - K/3 (5-Day) and K4

\$200.00 - K/5 - 6th Grade