

Application for Admission for Grades 7&8



St. John the Evangelist Regional
Catholic School



ADMISSIONS PROCESS

Applying to St. John the Evangelist Regional Catholic School is a simple, straightforward process, and the following will help guide you through the steps.

CAMPUS VISIT

Arrange for a campus visit by calling the school office at 724-438-8598. A visit may be scheduled prior to submitting an application or at any time during the admissions process.

APPLICATION

1. Complete the application, the parent questionnaire, and the student questionnaire for students entering grades seven and eight.
2. Send the completed application to the school office along with the questionnaire(s) and a check for \$60.00 payable to St. John the Evangelist Regional Catholic School. Please send application and payment to:

St. John the Evangelist Regional Catholic School
52 Jefferson Street
Uniontown, PA 15401



Application for Admission

APPLICANT INFORMATION

Full Name _____ Nickname _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ Date of Birth _____

Applying for Grade _____ Beginning September (year) _____ Age as of Sep. 1 of specified year _____ Male / Female (circle one)

Public School District (where you live) _____ Religion _____

Name and address of Catholic parish in which student is registered _____

Ethnicity Black or African American Hispanic Asian Native American White Multi-racial Pacific Island

PARENT/GUARDIAN INFORMATION

Parent/Guardian (1) Full Name _____ Relation to Applicant _____

Religion _____ If Catholic, parish where registered _____

Home Address (if different from above) _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Place of Business _____ Title _____

Business Address _____

Business Telephone _____

Parent/Guardian (2) Full Name _____ Relation to Applicant _____

Religion _____ If Catholic, parish where registered _____

Home Address (if different from above) _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Place of Business _____ Title _____

Business Address _____

Business Telephone _____

Student resides with: Both Parents Mother Only Father Only Guardian

Check All Those That Apply:

Parents Married Parents Separated Parents Divorced Father Remarried Father Deceased

Parents Not Married Single Parent Family Mother Remarried Mother Deceased

Are there any special custody circumstances? _____



APPLICATION FOR ADMISSION CONTINUED

CURRENT SCHOOL

Name _____

Date Entered _____ Current Grade _____

School Address _____

City _____ State _____ Zip _____

Phone _____

TUITION INFORMATION AND FINANCIAL AID

Name of Individual Responsible for Tuition _____ Relation to Applicant _____

Address (if not a parent) _____

City _____ State _____ Zip _____

SACRAMENTAL INFORMATION

Baptism Date _____ Parish Name and Address _____

Reconciliation Date _____ Parish Name and Address _____

First Holy Communion Date _____ Parish Name and Address _____

Confirmation Date _____ Parish Name and Address _____

SIBLINGS

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

Name _____ Age _____ School _____

RELATIVES: PLEASE LIST ANY RELATIVES WHO HAVE ATTENDED OR ARE NOW ATTENDING ST. JOHN THE EVANGELIST REGIONAL CATHOLIC SCHOOL

Name _____ Relationship _____ Dates of Attendance _____

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Statement of Nondiscriminatory Acceptance Policy: St. John the Evangelist Regional Catholic School will not discriminate on the basis of race, gender, or national origin. Students seeking acceptance and enrollment to the school will be considered based on religion, academic performance, and learning needs, attendance, character, morality and conduct consistent with Catholic doctrine and applicable payment history within a Catholic or private/nonpublic school. The school maintains the right to give preferential acceptance and enrollment to Catholic students. The student is not permitted to attend this school if she or he has an outstanding payment balance at another Catholic School within the Diocese of Greensburg. Your signature below indicates that you understand and accept the content and provisions of this application.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

OFFICE USE ONLY

Date Received: _____ Non-refundable fee enclosed: _____ Date Paid: _____

Letter of Acceptance: _____ Information Packet Sent: _____ Records Requested: _____ Transportation Notified: _____



PARENT QUESTIONNAIRE ALL APPLICANTS

Parents or Guardians

Your comments about your child are important to us. Please complete the following questionnaire, which will be regarded as confidential information.

Applicant's Name

First _____ Middle _____ Last _____

Applying for Grade _____

Name of person(s) completing this form

First _____ Middle _____ Last _____

Relationship to Applicant _____

What factors contributed to the decision to apply to St. John the Evangelist Regional Catholic School?

What words or phrases come to mind when describing your child?



PARENT QUESTIONNAIRE CONTINUED

Please comment on what you consider to be your child's greatest strengths.

What do you hope your child will gain by attending St. John the Evangelist Regional Catholic School?

Please indicate any special circumstances that may have affected the educational progress of the applicant.

Signature of Parent or Guardian _____ Date _____



STUDENT QUESTIONNAIRE APPLICANTS

ENTERING GRADES 7-12

STUDENT INSTRUCTIONS

Please take a moment to complete this questionnaire so we may learn more about you.

Your Name

First _____ Middle _____ Last _____

Applying for Grade _____

What is your favorite subject or activity in school? Explain.

Tell us about some of your extracurricular activities.

Describe an accomplishment of which you are particularly proud.



STUDENT QUESTIONNAIRE continued

Is there anything else you would like the Admissions Committee to know about you?