Application for Admission for Grades 5th through 8th



St. John the Evangelist Regional Catholic School



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



APPLICANT INFORMATION

Full Name	Nickname				
Home Address					
City	State	Zip			
Home Phone	Cell Phon	e	Date o	f Birth	
Applying for Grade	Beginning September (ye	ear)	Age as of 9/1/23	Male / Female (circle one)	
Public School District (where yo	ou live)	Religio	1		
If Catholic, name and address o	of Catholic parish in which s	tudent is regis	ered		
Ethnicity	American □ Hispanic □	Asian 🗆 Na	tive American White	☐ Multi-racial ☐ Pacific Island	
PARENT/GUARDIAN INF	ORMATION				
Parent/Guardian (1) Full Name			Relation to Applicant_		
Religion	If Catholic, parish where re	egistered			
Home Address (if different fron	n above)				
City	State	Zip			
Home Phone	Cell Pho	one			
Email					
Place of Business			Title		
Business Address					
			Business Telephone		
Parent/Guardian (2) Full Name			Relation to Applicant_	·····	
Religion	If Catholic, parish where re	egistered			
Home Address (if different fron	n above)				
City	State	Zip			
Home Phone	Cell Pho	one			
Email					
Place of Business			Title		
Business Address					
			Business Telephone		
Student resides with:	☐ Both Parents ☐ M	other Only	☐ Father Only ☐ Guar	dian	
Check All Those That Apply:					
☐ Parents Married ☐ Paren☐ Parents Not Married	ts Separated ☐ Parents Di		☐ Father Remarried other Remarried ☐ Mothe	☐ Father Deceased	
Are there any special custody c	ircumstances?				

Name						
Date Entered			Current Grade	ž		
School Address						
City		Sta	ate		Zip	
Phone						
TUITION INFORMATION Name of Individual Respons			Re	ation to Applic	ant	
Address (if not a parent)						
City	Sta	te	Zip			
SACRAMENTAL INFOR	_	Parish Na	ame and Address			
Reconciliation	Date	Parish Na	ame and Address			
First Holy Communion	Date	Parish Na	ame and Address			
Confirmation			_			
SIBLINGS						
Name		Age	_ School			
Name		Age	_ School			
Name		Age	_ School			
Name		Age	_ School			
RELATIVES: PLEASE LI EVANGELIST REGIONA			AVE ATTENDE	D OR ARE N	OW ATTENDING ST. JOH	N THE
Name		Relationship_		Dates	of Attendance	
Name		Relationship_		Dates	of Attendance	
Name		Relationship_		Dates	of Attendance	
color, sex, disability, or nation religion, academic performation payment history within a Carange of services may not all emotional, academic, and pright to give preferential according to the preferential according to give give give preferential according to give give give give give give give give	onal and/or ethnic once, learning needs witholic or private/no lways be available t hysical abilities and ceptance and enroll ce at another Catho	origin. Students s, attendance, c originity school. to them. Decision the resources a ment to Catholi lic School withi	s seeking accepta character, moralit . While the schoons concerning the available to the solic students. The sin the Diocese of the schools are supported to the solic students.	ry and enrolling and conduct to does not disconded accommodate the accommodate the accommodate the accommodates accommodates accommodated accommodates not proving the accommodates accommodates accommodated accommodates accommodated accommodates accommodated accommo	School will not discriminate on ment to the school will be consistent with Catholic doctrin triminate against students with out on of a student are based upong the student's needs. The school in our signature below indicates the	dered based on e, and applicable disabilities, a full the student's sool maintains the f she or he has an
Parent/Guardian Signature_				Date	e	
Parent/Guardian Signature_				Date	e	
OFFICE USE ONLY						
Date Received:	Non-refundable	fee enclosed:	Date	e Paid:		
Letter of Acceptance:	Information Pa	cket Sent:	Records Req	uested:	Transportation Notified:	

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				
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?

Please comment on what you consider to be your child's greatest strengths.	
What do you have your child will gain by attending St. John the Evangelist Regional Catholic School	2
What do you hope your child will gain by attending St. John the Evangelist Regional Catholic School?	ŗ
Please indicate any special circumstances that may have affected the educational progress of the ap	oplicant.
Signature of Parent or Guardian Date	

STUDENT INSTRUCTIONS			
Please take a moment to co	omplete this questionnaire so w	e may learn more about you.	
Your Name			
First	Middle	Last	
Applying for Grade			
What is your favorite subje	ct or activity in school? Explain.		
Tell us about some of your	extracurricular activities.		
Describe an accomplishmen	nt of which you are particularly p	oroud.	

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