



St. John the Apostle Catholic School

1968 B Sandbridge Road, Virginia Beach, VA 23456

(757)821-1100 • (757)821-1047 – Fax

www.sjavb.org

Kindergarten through 8th grade Application

Application for Grade: _____ School Year: _____

Student Information

Student's Name: _____
(First) (Middle) (Last) (Preferred Name)

Home Address: _____
(Street) (City) (State) (Zip)

Neighborhood _____

Gender: Male / Female Date of Birth: _____ Current Age: _____

Social Security # _____ Birth Certificate # _____

Ethnicity: _____ Hispanic or Latino OR _____ Non Hispanic or Latino (*choose one*)

Race: _____ American Indian or Alaska Native _____ Asian _____ Black or African American _____ Native Hawaiian or other Pacific Islander _____ Two or more races _____ White

Religious Affiliation: _____ Parish/Church: _____

Extracurricular activities and hobbies: _____

Recent honors or awards: _____

List schools and grade levels that the applicant has attended since Kindergarten:

School: _____ Grade Level: _____

School: _____ Grade Level: _____

School: _____ Grade Level: _____

Parent Information

Father's Name: _____
(First) (Middle) (Last) (Preferred Name)

Address (if different from student): _____
(Street) (City) (State) (Zip)

Occupation: _____ Employer: _____

College Attended: _____ E-mail: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Mother's Name: _____
(First) (Middle) (Last) (Preferred Name)

Address (if different from student): _____
(Street) (City) (State) (Zip)

Occupation: _____ Employer: _____

College Attended: _____ E-mail: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Family Information

The Applicant Lives With:

Mother _____ Father _____ Stepmother _____ Stepfather _____ Other _____
Mother Deceased _____ Father Deceased _____ Parents are Separated _____ Parents are Divorced _____

Number of Siblings: _____ Name: _____ Age: _____ School _____
Name: _____ Age: _____ School _____

Copy of Custody/Visitation Agreement is on file with the school: _____ School Representative Initial _____

How did you hear about us? _____ Referred by _____

Questionnaire

Please help us to know your son or daughter by telling us about them.

What do you hope the benefits of a St. John the Apostle Catholic School education would be?

Why are you considering a change in school for your son or daughter?

Confidential Information

Does the applicant have a diagnosed learning disability? Yes _____ No _____
Has the applicant ever received special education services of any kind? Yes _____ No _____
Does the applicant have an IEP, ISP, 504 Plan, or any in-class accommodations? Yes _____ No _____
Has the applicant missed more than 20 days of school in any of the past 3 years? Yes _____ No _____
Has the applicant ever received professional counseling? Yes _____ No _____
Has the applicant ever been suspended, asked to leave, or expelled from any school? Yes _____ No _____
Has the applicant ever been disciplined in a juvenile court? Yes _____ No _____

Please attach a note of explanation to any questions that you checked "Yes."

If your child has been tested by a specialist for any of the following, please list the dates:

Vision _____ Speech _____ Hearing _____ Occupational Therapy _____

Please comment on any surgeries, serious illnesses, or accidents that your child may have had _____

St. John the Apostle Catholic School is **only required** to make minor adjustments to its education program to accommodate whatever special needs a student may have and the nature and extent of such minor adjustment is within the sole discretion of the principal of St. John the Apostle Catholic School. The final decision regarding enrollment for new students, returning students, students on probation, and class lists is left to the discretion of the school administration.

By signing below, I confirm that the information provided on this application is true and complete to the best of my knowledge. I understand that St. John the Apostle Catholic School has the right to deny admittance to or force the withdrawal of any student whose acceptance is based on false or incomplete information.

Parent/Guardian Signature

Date

Payment Information

Application fees are non-refundable and must be paid upon submission of this form.

Payment methods include: Cash, Check (Made payable to SJA), or Credit Card (Amex, Discover, MasterCard, Visa)

Credit Card Number

Expiration Date

CCID # (3 Digit ID Code)

House Number

Billing Zip Code

Parent/Guardian Signature

Phone Number

Date

Official Use Only

Principal _____

Admissions Coordinator _____

Guidance _____

Finance _____

Testing/Assessment Completed _____

St. John the Apostle Catholic School admits qualified students without regard to race, color, religion, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to the students at the school.

Mission Statement

Rooted in rich traditions of the Catholic Church, Saint John the Apostle Catholic School provides a Christ - centered learning environment where students are challenged academically, supported spiritually, and encouraged to embody high ethical standards essential to moral development.