



# St. John the Apostle Catholic School

1968 B Sandbridge Road, Virginia Beach, VA 23456

(757)821-1100 • (757)821-1047 – Fax

www.sjavb.org

## Early Childhood Application for Admission Early Learners/Junior Kindergarten

Children need to be 3, or 4 years of age by September 30<sup>th</sup>

### 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: \_\_\_\_\_

Birth Certificate #: \_\_\_\_\_ (Copy must be presented to school personnel for verification)

Social Security Number \_\_\_\_\_ ½ day program \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Hispanic or Latino OR \_\_\_\_\_ Non Hispanic or Latino (choose one) Full day program \_\_\_\_\_

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: \_\_\_\_\_

### 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 on file with the school: \_\_\_\_\_ School Representative Initial

How did you hear about us? \_\_\_\_\_ Referred by \_\_\_\_\_

## 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 _____
Has the applicant ever been dismissed from a daycare program or preschool?	Yes _____	No _____
Does your child have any allergies?	Yes _____	No _____
If so, are they on any medication?	Yes _____	No _____
Does your child have tubes in their ears?	Yes _____	No _____
Does your child have frequent ear infections?	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 \_\_\_\_\_

## Acknowledgement

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

**Office Use Only**

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Admissions

\_\_\_\_\_  
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.*

***SJA Mission Statement***

*Rooted in the 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.*