

STUDENT INFORMATION

Entering Pre-Kindergarten 3 students must be 3 years of age and toilet-trained on or before August 31

Entering Pre-Kindergarten 4 students must be 4 years of age on or before August 31

Entering Kindergarten students must be 5 years of age on or before August 31

Applying for Grade: _____ School Year: _____

Student Name: _____

Last
First
M.I.
Nickname

Gender (✓) () Male () Female Date of Birth: _____

Place of Birth: _____

School last attended: _____ Grade last attended: _____

1st Language: _____ Language(s) spoken at home: _____

 Citizenship (✓) US Temporary Resident Other (Specify) _____

 Permanent Resident

 1-20 Visa

PRIMARY CONTACT INFORMATION
 Father

 Mother

 Guardian

 Name: _____
Last *First* *M.I.*

Occupation: _____ Employer: _____

Home Address: _____ Village: _____

Mailing Address (if different from home): _____

 Email: _____ Phone Numbers: _____
Cell *Home* *Work Phone*
OTHER PARENT INFORMATION
 Father

 Mother

 Guardian

 Name: _____
Last *First* *M.I.*

Occupation: _____ Employer: _____

 Email: _____ Phone Numbers: _____
Cell *Home* *Work Phone*

If addresses are different from primary, please provide:

Home Address: _____ Village: _____

Mailing Address: _____

Date arrived or will arrive on Guam, if applicable: _____

Relatives who have attended or are attending St. John's School:

Name: _____ Grade: _____ Years Attended: _____ Relationship: _____

Name: _____ Grade: _____ Years Attended: _____ Relationship: _____

Financial Obligations

Person(s) responsible for payment of tuition and fees of student are: Parents Father Mother Other/Guardian
 If other, please complete the following:

Name: _____ Relationship: _____
Last First M.I.

Contact Numbers: _____
Phone Cell Fax

Email Address: _____

Applications for admissions may be submitted at any time during the calendar year. Once admitted, parent/guardian must make arrangements with the Business Office to complete an Enrollment Agreement and make the appropriate deposit and tuition payment. Various payment plans are available. Applications for financial assistance are also available upon request beginning in December for the following school year.

Signature

Parent/Guardian: _____ Date: _____

Print Name: _____

Please provide the following with this application:

\$100 non-refundable application fee _____	Transcripts of prior academic work _____
Copy of Birth Certificate/Passport _____	Recent Report Card (Grades K-12) _____
	Check mark if received (Admin only)

FOR SCHOOL USE ONLY

Application Received/Reviewed by: _____

Date: _____

Testing Date: _____ Testing Time: _____

Date called: _____ Called by: _____

Admissions Action

A Accepted
 P Provisional
 W Waiting List
 NR Not recommended

Initials: _____

Application Fee Paid: _____

Date: _____

Receipt #: _____

Reservation Fee Paid: _____

Date: _____

Receipt #: _____