

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 Permanent Resident Other: Country of Citizenship: _____
If other, complete info below: Visa Type: _____
 Ethnicity/Race (✓) Black/African American Asian Indian Chinese Others: Specify: _____
 Filipino Japanese Korean Vietnamese Hispanic/Latino Chamorro Samoan Hawaiian Other Pacific Islander:
PRIMARY CONTACT INFORMATION Father Mother Guardian St. John's School Alumni?
 Marital Status: Single Married Widowed Separated Divorced Yes No

 Name: _____ Date of Birth: _____
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 St. John's School Alumni?
 Marital Status: Single Married Widowed Separated Divorced Yes No

 Name: _____ Date of Birth: _____
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: _____

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 (Grades 6-12) _____
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: _____

____ Student Medical/Physical Form	____ Google Apps
____ Immunization Shot Records	____ Enrollment Contract Sign
____ Authorization to Release of Records	____ Course Selections (Grades 6-12)

Admissions Action

A Accepted
 P Provisional
 W Waiting List
 NR Not recommended

Initials: _____
 Application Fee Paid: _____
 Date: _____
 Receipt #: _____

Reservation Fee Paid: _____
 Date: _____
 Receipt #: _____