



St. John School
696 Washington Street
Canton, MA 02021
781-828-2130
www.sjscanton.org

Entering Grade _____

For PS (Age 3) students:
M-F, M/W/F, T/TH (Circle)
½ Day or Full Day (Circle)

Last Name _____ First Name _____ Middle _____

Date of Birth _____ Place of Birth _____

Home Address _____ City _____ State _____ Zip _____ Phone _____

Male/Female _____ Race _____ Ethnicity: Hispanic/Non-Hispanic _____

Child's Religion _____ Home Language _____

Church of Baptism (if applicable) _____ Date of Baptism (Month, Date, Year) _____

With whom does child live? Both Parents/Mother/Father/Other (Specify) _____

Mother's Name _____ Religion _____ Mother's Maiden Name _____

Place of Birth _____ Occupation _____

Mother's Email Address _____

Mother's Mobile Phone _____ Mother's Work Phone _____

Father's Name _____ Religion _____

Place of Birth _____ Occupation _____

Father's Email Address _____

Father's Mobile Phone _____ Father's Work Phone _____

Current Grade _____ Name of School previously attended _____ Town _____

Name(s) and Grade(s) of other sibling attending SJS _____

List any alumni family members of St. John School _____

List any other languages spoken at home _____

Is there an Individualized Educational Plan (IEP) or a 504 Plan for your child? Yes/No

Has your child ever been diagnosed with any learning or behavior disabilities? Yes/No

Has your child ever been suspended or expelled from any school? Yes/No

Please turn over for application procedures.

Additional Information

If there is Individualized Educational Plan (IEP) or a 504 Plan for your child, please explain accommodations.

If your child ever been diagnosed with any learning or behavior disabilities, please describe.

If your child has ever been suspended or expelled from school, please explain.

Is there any information you would like to share with the school?

I certify that this information is accurate. I give permission for my child to be tested for admission. I also understand that testing my child does not guarantee my child's acceptance into Saint John the Evangelist School. Acceptance is conditional upon the receipt of all requested documents including but not limited to the *School Disciplinary Records Request* and the *Confidential Teacher Recommendation Form*.

Signature: _____ Date: _____