



# St. John the Baptist Catholic School Application Form

725 FRAME ROAD ♦ NEWBURGH, IN 47630 ♦ 812-490-2000 ♦ FAX: 812-490-2020

TO THE PARENT/GUARDIAN: The information requested is needed to process your application. Registration will be finalized only after the necessary records have been received from the previous school or parent/guardian and the requested fees have been paid. Please return to the school office. **Application to St. John the Baptist School does not guarantee enrollment.**

DATE: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_

GRADE TO BE ENROLLED: \_\_\_\_\_ AGE: \_\_\_\_\_ MALE / FEMALE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

HOME PHONE: \_\_\_\_\_ MOM CELL: \_\_\_\_\_ DAD CELL: \_\_\_\_\_

MOM EMAIL: \_\_\_\_\_ DAD EMAIL: \_\_\_\_\_

RACE/ETHNICITY: PLEASE SEE REVERSE SIDE OF FORM AND COMPLETE ETHNICITY AND RACE IDENTIFICATION

	<u>Date MM/DD/YY</u>	<u>Church</u>	<u>City/State</u>
Student's Birth		N/A	
Student's Baptism			
Student's First Communion			
Student's Confirmation			

PARISH NOW REGISTERED: \_\_\_\_\_

DO YOU INTEND TO REGISTER AT **St. John the Baptist Parish**?  YES  NO

CURRENT or PREVIOUS SCHOOL OR PRE-SCHOOL: \_\_\_\_\_

CURRENT or PREVIOUS SCHOOL'S ADDRESS: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

STUDENT LIVES WITH: Both Parents  Mother Only  Father Only  Mother-Stepfather  Father-Stepmother  Grandparents  
 Guardians  Other \_\_\_\_\_

PARENT'S MARITAL STATUS: \_\_\_\_\_ FATHER DECEASED: \_\_\_\_\_ MOTHER DECEASED: \_\_\_\_\_

	<u>Name</u>	<u>Street Address</u>	<u>City/State</u>	<u>Zip</u>	<u>Religion</u>
Father					
Mother					

Mother's Maiden Name \_\_\_\_\_

Mother's Occupation \_\_\_\_\_

Father's Occupation \_\_\_\_\_

Mother's Work Phone: \_\_\_\_\_

Father's Work Phone: \_\_\_\_\_

Please list the name and grade of other family members who will attend **St. John the Baptist School**.

\_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ RELATIONSHIP TO STUDENT: \_\_\_\_\_

\*\*SEE REVERSE SIDE OF FORM FOR ETHNICITY AND RACE IDENTIFICATION\*\*

## ETHNICITY AND RACE IDENTIFICATION

**Specific Instructions:** The two questions below are designed to identify your ethnicity and race.

**Regardless of your answer to question 1, go to question 2.**

**Question 1. Are you Hispanic or Latino?** (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Yes                       No

**Question 2.** Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.

RACIAL CATEGORY (Check as many as apply)	DEFINITION OF CATEGORY
<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
<input type="checkbox"/> Asian	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.