



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 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: _____ CELL PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____ EMAIL ADDRESS: _____

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 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.