

# ST. JOHN'S DAY SCHOOL APPLICATION FORM

Last Name:  
First Name:

**2019 - 2020**

Please provide your most current information in the space provided.

This form must be updated every year by a parent or other legal decision maker.

<b>A. Student Information</b>	<b>Please Print Current Information</b>
Student Name	
Preferred Name	
Student Home Phone	
Gender	
Grade (2019-2020 School Year)	
Date of Birth	
Parent #1 E-Mail Address	
Parent #2 E-Mail Address	
Is this student the youngest family member enrolled in this school?	Yes No
<b>B. Address Information</b>	<b>Please Print Current Information</b>
Mailing Address	
Mailing City, State, Zip	
Home Address (if different)	
Home City, State, Zip	
<b>C. Parent Information</b>	<b>Please Print Current Information</b>
Father's Name	
Father's Home Phone/Cell Phone	(H) (C)
Work Phone	
Employer	
Father's Address (if different)	
Mother's Name	
Mother's Home Phone/Cell Phone	(H) (C)
Work Phone	
Employer	
<b>D. Living Arrangements</b>	<b>Please Print Current Information</b>
Single Parent Household? Yes No	If Yes, please indicate custody: Legal: Mother / Father / Joint Physical: Mother / Father / Joint <b>**Must provide copy of court order regarding custody.</b>
<b>If student currently has a step-parent, guardian, foster parent, custodian, or other, please indicate the name, relationship, and phone numbers.</b>	
Name/Relationship	
Day Time Phone	
Name/Relationship	
Day-Time Phone	
<b>E. Emergency Information</b>	<b>(Local - Other than parent)</b>
<b>Contact 1</b> Name/Relationship	
Day-Time Phone	
<b>Contact 2</b> Name/Relationship	
Day-Time Phone	
<b>Contact 3</b> Name/Relationship	
Day-Time Phone	

<b>F. Pickup List</b>	<b>(Local - Other than parent)</b>
Pickup 1 Name/Relationship	
Day-Time Phone	
Pickup 2 Name/Relationship	
Day-Time Phone	
Pickup 3 Name/Relationship	
Day-Time Phone	
<b>G. Medical Information</b>	<b>Please Print Current Information</b>
Doctor Name/Phone	
Dentist Name/Phone	
Does student use an Epi-Pen?	
Medications? (Please List)	
I give St. John's Day School permission to give my child Tylenol or medication that I send if deemed necessary by the office staff. Yes No *Please label medicine sent to the office with child's name.	
Are there any special medical or health concerns? -Asthma -Diabetes -Heart Problem (Describe) -Food/Insect Allergies (Describe) -Other (Describe)	
Please list any other children in the family:  Name: _____ Grade: _____ School: _____  Name: _____ Grade: _____ School: _____  Name: _____ Grade: _____ School: _____	
<b>H. To Be Completed by the Legal Decision Maker</b>	
Your tuition statement will be e-mailed to you unless otherwise requested. (If you need a printed/mailed statement, please contact the school office at 601-428-4350.) Please print e-mail address(es) that statements will be sent to:  _____  _____	
I will pick up my child daily:  _____ In the pickup circle behind the main school building. _____ In the parking lot across from First Baptist Church and Riser Cleaners. _____ May walk home (1 <sup>st</sup> – 6 <sup>th</sup> grade ONLY).	
<hr/> (Signature of Legal Decision Maker) <span style="float: right;">(Date)</span>	