

ST. JOHN'S DAY SCHOOL APPLICATION FORM

2020 - 2021

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.

A. Student Information	Please Print Current Information		
Student Name			
Preferred Name			
Student Home Phone			
Gender			
Grade (2020-21 School Year)			
Date of Birth			
Contract Preference (Circle One)	11:45 (K3 & K4)	3:00 (K3 – 6 th)	6:00 (K3 – 6 th)
Parent #1 E-Mail Address			
Parent #2 E-Mail Address			
Is this student the youngest family member enrolled in this school?	Yes	No	
B. Address Information	Please Print Current Information		
Mailing Address			
Mailing City, State, Zip			
Home Address (if different)			
Home City, State, Zip			
C. Parent Information	Please Print Current Information		
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			
D. Living Arrangements	Please Print Current Information		
Single Parent Household?	If Yes, please indicate custody:		
Yes No	Legal: Mother / Father / Joint Physical: Mother / Father / Joint		
	**Must provide copy of court order regarding custody.		
If student currently has a step-parent, guardian, foster parent, custodian, or other, please indicate the name, relationship, and phone numbers.			
Name/Relationship			
Day Time Phone			
Name/Relationship			
Day-Time Phone			
E. Emergency Information	(Local - Other than parent)		
Contact 1 Name/Relationship			
Day-Time Phone			
Contact 2 Name/Relationship			
Day-Time Phone			
Contact 3 Name/Relationship			
Day-Time Phone			

F. Pickup List	(Local - Other than parent)
Pickup 1 Name/Relationship	
Day-Time Phone	
Pickup 2 Name/Relationship	
Day-Time Phone	
Pickup 3 Name/Relationship	
Day-Time Phone	
G. Medical Information	Please Print Current Information
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: _____
H. To Be Completed by the Legal Decision Maker	
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 st – 6 th grade ONLY).	
_____ (Signature of Legal Decision Maker) (Date)	

