

For Office Use:

Fee:

Application For Enrollment



Application Checklist

We must have you provide all of these documents listed below in order for the application to be complete. If you should have any questions, please contact a member of our administrative team.

1. Registration Fee per application
2. Applicant's Birth Certificate
3. Enrollment Contract
4. Applicant's Immunization Records
5. Applicant's Standardized Test Scores & Current/Previous Report Cards (1st -8th grade applicant only)

Please check the appropriate box(es) on your child's ethnic background:

- African American/Black
- American Indian
- Asian
- Caucasian
- Hispanic/Latino
- Pacific Islander
- Multi-Racial
- Other

Student's Name _____

Birthdate _____ Age _____ Place of Birth _____

Student's Home Address _____

Home #/Cell #/Work # _____

Parent email address _____

Gender M F Religion of Applicant _____

Present Grade _____ Grade Applying For _____ (Final placement will be determined by the school)

Previous School Information

School Name _____

Phone Number _____ Dates Attended _____

Health History

Child's Birth weight _____ Was pregnancy full term? _____

Number of weeks premature _____ At what age did your child begin to walk? _____

Did your child have any problems immediately at or after birth? Please explain. _____

Does your child wear glasses? Y N

Does your child have a hearing problem or have frequent ear infections? Y N

Does your child have limitations in activities? Y N Please explain _____

Does your child have specific health problems such as:

- Heart _____
- Eye Problems _____
- Convulsions _____
- Ear and/or throat problems _____
- Diabetes _____
- Asthma _____
- Food Allergies _____
- Medicine Allergies _____
- Other _____

Does your child take any medication regularly? Y N _____

Has your child had any surgeries? Y N Please describe the nature of the surgery and date _____

Emergency Contacts

In Case of EMERGENCY or Illness, whom should we contact?

1st person _____ Relationship to student _____ # _____

2nd person _____ Relationship to student _____ # _____

3rd person _____ Relationship to student _____ # _____

Doctor _____ Phone # _____ Preferred Hospital _____

With whom does the applicant live?

Please check the appropriate box:

- Mother & Father
- Mother & Stepfather
- Mother Only
- Father & Stepmother
- Father only
- Joint Custody
- Legal Guardian(s)

Who is/are the legal guardian(s) of this child?

St. Joan of Arc Catholic School
 500 E. 42nd Street
 Indianapolis, IN 46205
 317-283-1518 phone
 317-931-3380 fax
 Please direct any questions to our administrative team

Tour Guide Name: _____

Additional Information



Important:
Two signatures are required to complete this form. Please make sure you have read this page carefully.

SJA Student Handbook

I do hereby grant St. Joan of Arc School and Parish the right to publish my child's contact information (address, phone number, email address) in the student handbook.

Sign Here:

Signature of parent/guardian

Date

Does the student have siblings in SJA School? Y N

If yes, please list names and grades attending below

Are you a member of St. Joan of Arc Parish ? Y N

(To receive the Parish discount you must have your Stewardship form on file in the parish and school office)

Student's Sacramental Information

Baptism Year _____ Church _____

Reconciliation Year _____ Church _____

First Eucharist Year _____ Church _____

Confirmation Year _____ Church _____

Before and After School Care

Will your child be attending our before-school program? Y N

Will your child be attending our NYO after-school program? Y N

Will your child be allowed to walk home from school Y N

Pick-ups

Please list any other friends or family members who may be picking your child up on a regular basis & their contact information.

Education Information

DOES YOUR CHILD HAVE AN IEP (Individual Education Plan)? Y N

Do you have concerns about your child's learning abilities and style?
Please describe anything you think we should know about your child's past educational experiences.

Please tell us more about your child.

We must know your child as a total person in order to provide the best educational experience for your child and to meet our educational mission. This information is confidential and is needed in order to better serve your child. (If this is a Kindergarten or Pre-K application please describe your child's pre-school and or day-care experience.) Feel free to attach any reports or documents from your child's previous experience.

Photograph/Image Release

I do hereby grant St. Joan of Arc School and Parish and to its employees and contractors the right to photograph my dependent (during school hours and school functions) and use the photo(s) and/or other digital reproduction of him/her physical likeness for publication purposes.

Sign Here:

Signature of parent/guardian

Date