

ENROLLMENT INFORMATION

Thank you for your interest in St. John's Episcopal School. We look forward to working with your family. The following requirements and items need to be completed to finalize the application folder.

Notification of the status of your application will be sent during the month of April.

If you have any questions, please contact the Admissions Office at (69)422-6414.

- 1) Enclosed application with \$50.00 testing fee (K-8).
- 2) Student Questionnaire (5-8 grades only).
- 3) Immunization Record and a copy of the Birth Certificate (ALL applicants).
- 4) Pre-school students MUST be 3 years of age by September 30th and fully toilet-trained.
- 5) Kindergarten students MUST be 5 years of age before December 1st of the school year.
- 6) All applications will be kept for the school year for which the application is made.
- 7) It is required that all fees and first month tuition be paid before September 1st. In addition, all registration papers, transcripts, report cards etc. need to be on file before the beginning of the school year.
- 8) Transcript Request Form must be completed and signed. **(give to the current school – do not send back to us).**
- 9) I (we) agree, therefore, that our signature below indicates our commitment to fulfill our obligation under the provisions of this agreement and to actively support the educational goals of the school as well as its program. We also understand this contract presumes satisfactory completion of the current school year.

Parent/Guardian Signature

Date

St. John's

760 First Avenue • Chula Vista, California 91910-6012
Church (619) 422-4141 • School 422-6414 • Fax 422-6946 • www.saint-johns.org

PLEASE LIST APPLICANT'S SIBLINGS:

Name _____ Age ____ School/Grade _____

Name _____ Age ____ School/Grade _____

Name _____ Age ____ School/Grade _____

Please list any relatives who attend or have attended St. John's School by name(s), and their relationship(s) to the applicant:

From what source did you learn about St. John's School? (Please identify by name.)

My signature below indicates that all information on this application is complete and factually presented.

Signature of parent/legal guardian

Date

St. John's School does not discriminate on the basis of race, color, gender, creed, national or ethnic origin in the administration of its admission policies, educational policies, tuition, or any other school-administered programs.

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**ST. JOHN'S EPISCOPAL SCHOOL
TUITION AGREEMENT
2009-2010**

STUDENT'S NAME _____ GRADE _____

In registering the above named student in St. John's School for the academic year 2009-2010, I/we agree to the following:

St. John's School reserves the right to adopt and amend from time to time its rules and regulations relating to academic and disciplinary matters.

It is our obligation to pay the required fees and tuition.

Our financial obligation to the school includes full payment of tuition regardless of absence, withdrawal or dismissal prior to the end of the school year.

A NON-REFUNDABLE registration fee is due with this contract.

Should the tuition not be paid by the FIFTH working day of the month, there will be a late charge of \$25.00. There will be a \$30.00 fee for returned checks.

When tuition is in arrears, St. John's School reserves the right to refuse a student admittance to class or to dismiss a student in accordance with the school's delinquent tuition policy, which may be found in the Parent Handbook.

To pay all costs including attorney's fee in connection with any litigation arising from this contract and its enforcement.

These agreements are part of the consideration for the school's acceptance of the above student and for the school year.

Signature _____ Date _____
Parent or Legal Guardian

St. John's

TRANSCRIPT REQUEST

First – Eighth Grade Applicants

THE FOLLOWING STUDENT HAS APPLIED FOR ADMISSION:

Applying for September _____ Grade Level _____

Last	First	Middle	Date of Birth
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PARENTS: please complete and sign this form and then submit it to your child's school.

TO THE SCHOOL

Please send the following information to St. John's School before September, or as soon as your grading period is completed.

Copy of student's transcript and grades available.

Copy of current year's report card.

Copy of any standardized tests taken during the last three years.

Copy of the students' Immunizations Record

Thank you for your assistance.

MAIL TO: St. John's Episcopal School
Office of Admissions
760 First Ave.
Chula vista, CA 91910
Or Fax to: (619) 422-6946

I hereby give permission to release copies of the above-named student's cumulative records.

Parent/Guardian signature

Date

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STUDENT QUESTIONNAIRE

(Fifth – Eighth Grade Applicants only)

Applying for September, _____ Grade level _____

APPLICANT'S NAME

Last	First	Middle	Preferred Name	Date of Birth
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TO LEARN MORE ABOUT YOU, WE WOULD LIKE YOU TO FILL OUT THIS QUESTIONNAIRE IN YOUR OWN HANDWRITING.

Do you have any brothers and sisters? What are their names?

What is your favorite subject in school? What makes a class enjoyable for you?

What activities do you enjoy outside of school? (This could include drama, art classes, clubs, hobbies, etc.)

What sports do you enjoy? Do you play on any athletic teams? If so, which ones?

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What do you read for pleasure? What book did you enjoy reading recently?

Do you play a musical instrument? If so, which one(s), and how long have you been playing?

In what areas (athletics, drama, music, student council, etc.) will you contribute to life at St. John's School?

Why do you want to attend St. John's School?

Is there anything that you would like us to know about you that is not included in this questionnaire?

Student Signature

Date

St. John's