

**Requirements:** Copy of your child's birth certificate, form #14 (immunization form), and Baptismal certificate (if applicable.)

A \$50.00 application fee (non-refundable) is required when this application is submitted. Upon admission to Saint John the Baptist Catholic School, a \$300.00 per child, \$450.00 2nd child, \$525.00 3rd child (Gr. K-8) registration fee (non-refundable) is required and will not be applied toward your tuition.

I/we understand and agree to abide by the statements above and submit your child/children application for admission to Saint John the Baptist Catholic School.

Applicant's Legal Name:

\_\_\_\_\_

(please print) Last First Middle

Applying for Grade: \_\_\_\_\_

## Saint John the Baptist Catholic School



## Application for Admission

Father/Guardian First Name/Last Name:

(please print): \_\_\_\_\_ Date: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_

Mother/Guardian First Name/Last Name

(please print): \_\_\_\_\_ Date: \_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_

### Mission Statement

**Saint John the Baptist Catholic School perpetuates the Catholic Faith by living as Christ lives, by teaching as Christ teaches, and by loving as Christ loves**

Admissions Office \* 2340 Omilo Lane \* Honolulu, Hawaii 96819

808 -841-5551 \* Fax: 842-6104

[www.sjbc.net](http://www.sjbc.net)

***"Living, Teaching, and Loving as Christ"***



*ST. JOHN THE BAPTIST CATHOLIC SCHOOL \* 2340 OMILO LANE HONOLULU, HI 96819*

### Application For Admission

Date: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Applicant's Legal Name:

\_\_\_\_\_ (please print) Last First Middle

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Current School: \_\_\_\_\_ Grade: \_\_\_\_\_

Family Religious Affiliation: \_\_\_\_\_ Church: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Dominant Race \_\_\_\_\_

U.S. Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_ (if not a citizen  please indicate current immigration status:

Citizenship: \_\_\_\_\_ Permanent resident (Green Card)

Immigration Visa #: \_\_\_\_\_ Type: \_\_\_\_\_

### Family Information

Father's/Guardian's Name: \_\_\_\_\_ Last First Middle

Street Address (if different from above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Mother's/Guardian's Name: \_\_\_\_\_ First Last Middle

Street Address (if different from above) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Email Address: \_\_\_\_\_

Please describe the applicant's extracurricular activities - church, athletics, and community activities, talent interest:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_