



# ST. JOHN BOSCO

## CATHOLIC SCHOOL

730 W. Maple Street, Sturgeon Bay, WI 54235, Ph: 920-743-4144, Fax: 920-743-4106

Received: \_\_\_\_\_

Fee Pd.: \_\_\_\_\_  
Amt. Date

### 2021-2022 APPLICATION FOR ADMISSION

STUDENT/S	Name			Grade 2021-2022	M/F Gender	Sacraments Received		
	First	Middle	Last			Birth Date	Baptism	Reconciliation
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parish Affiliation: \_\_\_\_\_ Religion: \_\_\_\_\_ School District where you reside: \_\_\_\_\_  
 How do you plan to transport your child to and from school? SB Bus SD Bus Sev Bus Parent Transport  
 School Last Attended (for new students) \_\_\_\_\_

**FATHER**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: State: Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

**MOTHER**

First Name: \_\_\_\_\_  
 Last Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: State: Zip: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Place of Employment: \_\_\_\_\_  
 Occupation: \_\_\_\_\_

Applicant(s) live(s) with: \_\_\_\_\_ Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

**Is English the primary language used in your household?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**\*\*If no, please fill out a Home Language Survey.**

**Does your household have access to internet services?** \_\_\_\_\_ Yes \_\_\_\_\_ No

**New Families Only:**

**How did you learn about St. John Bosco School?** \_\_\_\_\_

**Ethnicity – What is the student(s) ethnicity?**

Hispanic or Latino \_\_\_\_\_ Not Hispanic or Latino \_\_\_\_\_

**Race – What is the student(s) race? Mark one or more to indicate what the student(s) considers himself/herself to be (for statistical purposes only)**

\_\_\_\_\_ American Indian/Alaska Native \_\_\_\_\_ Native Hawaiian/Other Pacific Islander \_\_\_\_\_ White  
\_\_\_\_\_ Black or African American \_\_\_\_\_ Asian

**Please Check All That Apply:**

\_\_\_ Married \_\_\_ Divorced \_\_\_ Separated \_\_\_ Father Deceased \_\_\_ Mother Deceased  
\_\_\_ Father Remarried, Name of Spouse \_\_\_\_\_  
\_\_\_ Mother Remarried, Name of Spouse \_\_\_\_\_

**If applicant’s parents are divorced, which parent has legal responsibility for:**

Custody\* of Student: \_\_\_\_\_ School Bills: \_\_\_\_\_

\*Divorced parents are asked to provide the school with a copy of the divorce custody order.

**I give permission to use my child’s picture for the school website, newsletter, or promotional materials?**

\_\_\_ Yes \_\_\_ No

**I give permission to publish the following in the school directory:**

\_\_\_ Family’s names \_\_\_ address \_\_\_ home phone # \_\_\_ cell #  
\_\_\_ Email address (please indicate which address you want listed): \_\_\_\_\_

**I give permission to share my child’s immunization record with the Wisconsin Immunization Registry & my Immunization Provider for the purpose of maintaining a complete and accurate record to assist in assuring full immunization? \_\_\_ Yes \_\_\_ No**

**Financial Aid:**

\_\_\_\_\_ **If applying for financial aid, check here. All financial aid applications are made on line and are available now. Please go to <https://online.factsmtg.com/aid> to complete the application. Applications are due April 1, 2021.**

All families receive information regarding free and reduced lunch in the fall.

**Notice of Non-Discrimination Policy:** St. John Bosco Catholic School does not discriminate on the basis of race, color, creed, nationality nor ethnic origin in the admission of students or in the administration of its educational policies, admissions policies, financial aid or athletic programs.

**Signatures:**

Father/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
Mother/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Please be sure to return the following:**

**Application Form**  
**\*Registration fee of \$50.00 per child; however, if completing online or with credit card, fee will be \$55.00**

**New Students Only: Request for Records Transfer Form (if transferring from another school)**  
**Current Immunization Records (due by first day of school)**  
**Certified copy of birth record (shown for birth date confirmation)**

*\* The registration fee is non-refundable and must accompany the application. Applications without the fee will not be processed.*