

School Year: \_\_\_\_\_

**APPLICATION FOR ENROLLMENT**

Family Name \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home E-Mail \_\_\_\_\_ Home Telephone \_\_\_\_\_

**St. John Catholic School**

121 W. 8th Street  
Bartlesville, OK 74003  
(918) 336-0603

Mrs. Jane Sears, Principal  
Rev. Festus Maliwa, Pastor

**PARENT INFORMATION**

Child/Children live with \_\_\_ Both Parents \_\_\_ Father \_\_\_ Mother \_\_\_ Other (specify) \_\_\_\_\_

Do both parents have legal access? \_\_\_ Yes \_\_\_ No

(Custodial parent is required to provide school a copy of any relevant court decree)

**FATHER:**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Religion \_\_\_\_\_ Church Attending \_\_\_\_\_

Employer \_\_\_\_\_ E-Mail \_\_\_\_\_

**MOTHER:**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone \_\_\_\_\_

Religion \_\_\_\_\_ Church Attending \_\_\_\_\_

Employer \_\_\_\_\_ E-Mail \_\_\_\_\_

**STUDENT INFORMATION**

First Name	Middle Name	Last Name	Sex	Grade	Social Security No.	Birthdate
Baptism		Reconciliation	Communion		Last School Attended	

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Baptism		Reconciliation	Communion		Last School Attended	

**PRE-SCHOOL AGE CHILDREN**

Full Name	Age	Birthdate

*Continued...*

