



St. John Amelith
 1664 Amelith Rd.
 Bay City, MI 48706
www.amelith.org
 (989)686-0176

For Office Use Only

Date Received: _____
 Amount Paid \$ _____
 Cash/Check# _____
 Received by: _____

Application for Enrollment

Student Information

Last Name _____ First Name _____ Middle _____

Gender: M F Place of Birth _____ Age _____ Birthdate ____/____/____

Address: _____

School District: _____ Last School Attended: _____

Child's Baptism Date: _____ Church _____

Father/Guardians name: _____ Phone Number _____

Address: _____

Email Address: _____

Employment/Occupation: _____

Religious Affiliation & Church Home: _____

Mother/Guardians name: _____ Phone Number _____

Address: _____

Email Address: _____

Employment/Occupation: _____

Religious Affiliation & Church Home: _____

With whom does child reside: Both Parents ____ Father ____ Mother ____ Guardian ____

Who is responsible for tuition/lunch/book and all other payments: _____

If parents are separated/divorced who has legal custody? _____

May school information (grades, attendance, etc.) be released to non-custodial parent? Y N

Siblings of child:

Name _____

Name _____

Name _____

Enrolling at ST. John?

Y N Maybe

Y N Maybe

Y N Maybe

In the event we would need to send your child home please list who we should call.

Call 1st: _____ Relationship: _____ Phone _____

Call 2nd: _____ Relationship: _____ Phone _____

Call 3rd: _____ Relationship: _____ Phone _____

Call 4th: _____ Relationship: _____ Phone _____

Does your child have any serious or chronic medical/health conditions? If yes, please explain.

Is your child experiencing behavior, learning, or language difficulties? If yes, please explain.

Why do you want to enroll your child at St. John Amelith? _____

How did you hear about our school? _____

For Preschool Enrollment Only: Please circle all that apply

Child will attend: **Half Days** or **Full Days** on the following days **M T W R F**

Because of your child's involvement at school, their name/picture may appear in various publications or online. If you do NOT want your child's name or picture included, please initial here: _____

This application is not binding on the applicant or upon the school. St. John Amelith admits students of any race, color, national or ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school.

An application fee of \$50 per child (non-refundable) must accompany this form which will be applied to your account.

Signature

Date
