

2010
2011

St. John's School Application



www.sjsroseville.org

Barbara Chilton Campus
4501 Bob Doyle Drive Roseville, California 95747
(916) 786 5400 FAX (916) 789-2064

Headmaster's Welcome

We are pleased at your interest in St. John's and trust that the admission process will serve you well. Every effort is made to deal fairly with each applicant and to do everything possible to enroll the students who will best benefit from our academic and extracurricular programs. If during the admission process I can assist you in any way, please do not hesitate to contact me. Thank you for considering St. John's School.
- The Rev. Paul B. Hancock

INSTRUCTIONS

Application Information and Fee

Please complete and return the applicant information form to the Admissions Office. A nonrefundable \$30.00 application fee must accompany each child's application.

Parents' Questionnaire

Complete the questionnaire carefully and thoroughly and mail it to the Admissions Office.

Teacher Evaluations

If your child is applying for **grades 1-9**, please give the Teacher Evaluation to your child's current teacher and ask that it be mailed directly to the Admissions Office.

School Transcript Release Form

Provide St. John's School with the most recent academic transcript or report from your child's current school. The transcript release form should be signed and returned to St. John's School so that we can request the most current academic data, including their cumulative folder, after enrollment.

Testing

Grades 4-8

Applicants in **grades 4 - 9** must take an achievement test administered at St. John's. Please schedule your student for testing by calling the Admissions Office.

Campus Visits/Tours

Prospective families are invited and encouraged to visit our campus on an individual tour. Parent docents are also available to answer your questions, either by phone, e-mail, or in person. You may call the Admissions Office to schedule a convenient time to see the campus. We recommend visits for students applying for **grades 4-9**.

Birth Certificate

Please include a copy of your child's birth certificate with the application.

Financial Assistance

The St. John's School offers financial assistance to admitted applicants on a need basis. Families wishing to apply for financial assistance should complete the enclosed financial aid form and return it with the application.

Academic Scholarships - Entering Sixth Graders

The St. John's School Board of Trustees annually awards scholarships on the basis of academic merit to students entering the sixth grade. Scholarships may be awarded to current St. John's School students and to new applicants. Applicants must have at least a 3.5 grade point average in an academically challenging curriculum. Please contact the Admissions Office for additional information.

The St. John's School admission policies for qualified students are administered without regard to race, color, religion, gender, national and ethnic origin or disability.

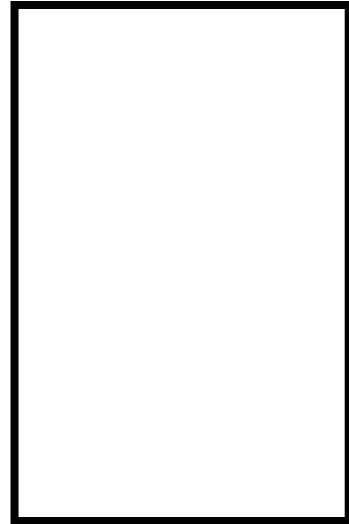
APPLICATION FOR ADMISSION

Applicants for Grades K-9



Applying for Academic Year _____ - _____

Applying for Grade _____



Attach your picture here

Applicant Information

Full Name of the Applicant _____

Telephone (____) _____ Home Address _____

City _____ State _____ Zip _____

Birthdate _____ SSN _____ Male ___ Female

Religious Affiliation _____ (Optional) Home Church _____ (Optional)

Family Information

Father:

Mother:

Name _____ Name _____

Home Address _____ Home Address _____

Telephone (____) _____ Telephone (____) _____

Employer/Company Name _____ Employer/Company Name _____

Position/Title _____ Position/Title _____

Business Address _____ Business Address _____

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Family Information (Continued)

Business Telephone (____) _____ Business Telephone (____) _____

Cell Phone (____) _____ Cell Phone (____) _____

E-mail _____ E-mail _____

College Attended _____ College Attended _____

Degree _____ Year _____ Degree _____ Year _____

Professional/Graduate School _____ Professional/Graduate School _____

Degree _____ Year _____ Degree _____ Year _____

Check if appropriate:

____ Parents separated* ____ Parents divorced* ____ Mother remarried ____ Father remarried

____ Father deceased ____ Mother deceased

Parents divorced* Mother remarried

Mother deceased Father remarried

*If parents are divorced or separated, to whom should admissions correspondence be sent? _____

Relatives who have attended St. John's include:

Name	Relationship	Dates attended	Graduation date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list the names of sisters and/or brothers below

Name	Birthdates	Current school
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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Grandparent Information

From time to time the school likes to communicate with your child / children's grandparents. We will also be inviting them to our Spring Grandparent's Day in May. Please provide us with the information on the form below.

Paternal Grandparents:

Last Name _____ First Name _____

Spouse's First Name _____ Telephone: _____

Mailing Address _____

City _____ State _____ Zip _____

E-mail _____

Maternal grandparents:

Last Name _____ First Name _____

Spouse's First Name _____ Telephone _____

Mailing Address _____

City _____ State _____ Zip: _____

E-mail _____

School information

Present School _____ Grade _____

Address _____

City _____ *State* _____ *Zip* _____

Telephone (____) _____ Principal or Head of School _____

Last three schools attended:

_____ from _____ to _____

_____ from _____ to _____

_____ from _____ to _____

Has the applicant previously applied to St. John’s School? _____ Yes _____ No

If yes, what year? _____



I hereby certify that to the best of my knowledge all information contained in this application and any supporting documentation is complete and correct. I understand that the inclusion of false information or the omission of information may result in the denial of the application or, if the student has been accepted or enrolled, dismissal from St. John’s School.

Parent or Guardian Signature _____ Date _____

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6. Has your child ever had an educational, psychological, or neurological evaluation? If so, by whom and when? _____

7. Are there and health conditions or physical limitations that may impact your child's experience at St. John's School?

____ Yes ____ No If yes, please explain _____

8. Has your child ever received disciplinary censure at school or from the community? ____ Yes ____ No

School suspension ____ Yes ____ No Asked to withdraw ____ Yes ____ No Expelled ____ Yes ____ No

Has the present school recommended a school change? ____ Yes ____ No

If yes, please explain _____

Signature of parent or guardian

Date

Signature of parent or guardian

Date

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Please mail directly to St. John's School. Do not return this form to the parents

TEACHER EVALUATION

Applicants for Grades 1-8

Applicant's Name _____

First

Middle

Last

Application for Grade _____ School Year _____

To the Teacher:

Thank you for taking the time to complete this evaluation. The student listed above is a candidate for admission to St. John's School. Your thoughtful and candid evaluation of the applicant will be of great assistance. The assessments that you supply will be confidential and will not become part of the student's permanent record.

Please check the appropriate response.

Academic/Personal Characteristics

- Level of maturity: [] Still Developing [] Age Appropriate [] Superior
Works independently: [] Still Developing [] Age Appropriate [] Superior
Leadership qualities: [] Still Developing [] Age Appropriate [] Superior
Group interaction: [] Still Developing [] Age Appropriate [] Superior
Honesty and integrity: [] Still Developing [] Age Appropriate [] Superior
Organization skills: [] Still Developing [] Age Appropriate [] Superior
Academic motivation: [] Still Developing [] Age Appropriate [] Superior
Academic achievement: [] Still Developing [] Age Appropriate [] Superior
Attention span: [] Still Developing [] Age Appropriate [] Superior
Ability to follow directions: [] Still Developing [] Age Appropriate [] Superior
Completion of tasks: [] Still Developing [] Age Appropriate [] Superior
Listening skills: [] Still Developing [] Age Appropriate [] Superior
Response to limits: [] Still Developing [] Age Appropriate [] Superior

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Please comment on the following:

1. Parental expectations of both the child and the school: _____

3. Describe any specific or unusual characteristics, strengths, or weaknesses that may be relevant: _____

4. We welcome any additional information you think would be helpful in assessing this applicant: _____

5. I recommend this candidate: with great enthusiasm with confidence
 with reservation I do not recommend

6. What texts have been used and what is the student's current level of functioning in the following five academic areas:
Reading _____

Language Arts _____

Mathematics _____

Science _____

Social Studies _____

Name _____ Title _____

Relationship to applicant _____

School _____

Address _____

City/State/Zip _____

Signature _____ Date _____

Again, many thanks for your assistance in providing us with this information. Please mail this form to the

Admissions Office

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Transcript Release Form

Applicants for Grades K-9

PARENT INSTRUCTIONS: Please complete and return this form to the Admissions Office.

Applicant's Name _____

First

Middle

Last

Birthdate _____ Application for Grade _____

I hereby authorize the release of the information mentioned above to St. John's School

Signature of Parent or Guardian

Date

REGISTRAR INSTRUCTIONS: This student has applied for admission to St. John's School. Please send a complete transcript, current year-to-date grades, *and* standardized test scores directly to our school.

Thank you for your assistance in this matter.

Please return this form and the materials requested to:



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