



St. John Neumann School

721 Polo Road
Columbia, SC 29223 – 4404
Phone: (803) 788-1367
Fax: (803) 788-7330
www.sjncatholic.com

Application For Admission

Application for Grade _____

Application for year beginning Fall _____

Applicant Information:

Name of Applicant: _____
Last First Middle

Name preferred/Nickname: _____ Applicant's SS#: _____

Home Address: _____

City State Zip Telephone

Sex: _____ Place of Birth: _____ Date of Birth: _____

Applicant's Religion: _____ Church Affiliation: _____

Dates of:

Baptism: _____ Church: _____
Name City/State

First Reconciliation: _____ Church: _____
Name City/State

First Communion: _____ Church: _____
Name City/State

Ethnic: (optional)

White _____ Black/African American _____ Hispanic _____ Asian _____ American Indian _____ Multi-Racial _____

Family Information:

Father's Name: _____ Mother's Name: _____
(or Guardian) (or Guardian)

Name preferred: _____ Name preferred: _____

Birthplace: _____ Birthplace: _____

Education completed: _____ Education completed: _____

Religion: _____ Religion: _____

Church Affiliation: _____ Church Affiliation: _____

How did you hear about St. John Neumann Catholic School? _____

Family Information: (Cont.)

Father's Address: _____

Mother's Address: _____

City State Zip Telephone

City State Zip Telephone

Job Title: _____

Job Title: _____

Occupation: _____

Occupation: _____

Company Name: _____

Company Name: _____

Business Telephone: _____

Business Telephone: _____

Applicant's number of: Brothers _____

Ages: _____

Sisters _____

Ages: _____

Applicant lives with: ___Both parents ___Mother ___Father ___Stepmother ___Stepfather

___ Other (specify: _____)

Check any that apply:

Father is deceased ____; Mother is deceased ____; Parents are divorced ____; Parents are separated ____;

Father has custody ____; Mother has custody ____; Parents have joint custody ____; Applicant is adopted ____.

Are other members of family presently attending St. John Neumann? (If "Yes", indicate name(s) and grade(s).)

Academic Information:

Name of Present School:

Name Address City/State Zip Telephone

Has Applicant ever been referred to anyone for academic evaluation, testing, or remedial instruction?

___Yes ___No If "Yes", describe the circumstances. _____

Has Applicant ever been suspended or dismissed for academic, disciplinary, or other reasons?

___Yes ___No If "Yes", describe the circumstances. _____

Conditions and Terms of Agreement:

I understand and agree to the following conditions of admission:

1. This formal application for admission will not be considered complete until the non-refundable application fee of \$50 (per family) and the non-refundable registration fee (per student) are paid. The application fee is due when the application is submitted to the school. Upon acceptance, you will be asked to pay the registration fee.
2. Students are admitted for one year at a time and registration is conducted annually. If my child is accepted, I agree to comply with the rules of the school.

Date: _____

Signed: _____

Parent or Guardian