



St. John's Episcopal School
30382 Via Con Dios
Rancho Santa Margarita, CA 92688
(949) 858-5144 www.stjohns-es.org

APPLICATION FOR ADMISSION

Student Information

Date of Application _____

Applying For Grade: _____ **Preschool-# of days:** 5 3 2 2½ **Applying For Academic Year:** 20__/20__

Male Female

Student's Last Name _____ **First** _____ **Middle** _____

Nickname (if preferred) _____ **Date of Birth** () _____ **Telephone Number** _____

Address _____ **City/State** _____ **Zip Code** _____

School Presently Attending _____ **Telephone Number** () _____ **Church Attending (optional)** _____

Family Information

Dr. Mr. _____
Father's Full Name

Address (if different from student's) _____ **City/State** _____ **Zip Code** _____

() _____ () _____ () _____
Home Telephone Number **Cell Phone Number** **Business Telephone Number**

E-Mail Address _____ **Employer's Name** _____ **Occupation/Title** _____

Dr. Mrs. Ms. _____
Mother's Full Name

Address (if different from student's) _____ **City/State** _____ **Zip Code** _____

() _____ () _____ () _____
Home Telephone Number **Cell Phone Number** **Business Telephone Number**

E-Mail Address _____ **Employer's Name** _____ **Occupation/Title** _____

Child Lives With: Both Parents Mother Father
 Mother and Stepfather Father and Stepmother Guardian/Other Relative

APPLICATION FEE
 A non-refundable check, in the amount of \$50, payable to **St. John's Episcopal School**, must accompany this application.

FOR OFFICE USE ONLY
 Application Fee Received
 Date _____
 Check # _____

St. John's Episcopal School

Application for Admission

Please List Other Children in the Family

Applying for
Admission to
SJES

Grade
Applying

Current
Student of
SJES

Graduate of
SJES

_____ Age _____

_____ Age _____

_____ Age _____

_____ Age _____

Please provide information regarding any support services your child is receiving or may have received in the past.

How did you learn about St. John's Episcopal School? _____

APPLICATION FEE: A non-refundable check in the amount of \$50, payable to ST. JOHN'S EPISCOPAL SCHOOL, must accompany this application.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

St. John's Episcopal School welcomes students of any race, ethnic origin, gender, and religious affiliation; we do not discriminate on these characteristics in the administration of admissions procedures, academic, or scholarship programs, educational policies, athletic programs, or other activities.

Please return completed application to:

St. John's Episcopal School
Admissions Office
30382 Via Con Dios
Rancho Santa Margarita, CA 92688

Thank you for considering St. John's Episcopal School.