



# ST. JOHN BOSCO ACADEMY APPLICATION FOR ADMISSION STUDENT INFORMATION

STUDENT'S NAME:

\_\_\_\_\_

MIDDLE)

(LAST)

(FIRST)

(COMPLETE

DATE OF BIRTH:

PLACE OF BIRTH:

\_\_\_\_\_

(MONTH/DAY/YEAR)

(CITY/STATE)

SOCIAL SECURITY NUMBER

\_\_\_\_\_

## AUTHORIZATION FOR EMERGENCY MEDICAL CARE

**In the event that I cannot be reached, I hereby give my full consent and authorization to the Principal, Chaplain, or other duly authorized representative, to obtain any and all emergency treatment (including surgical, dental, or anesthesia) which has been deemed necessary by a licensed physician or EMT to insure the welfare of my child.**

NAME OF CHILD

DATE OF BIRTH:

\_\_\_\_\_

Signature of PARENT/GUARDIAN:

DATE:

\_\_\_\_\_



## SACRAMENTAL INFORMATION

CHILD'S BAPTISM	DATE (MONTH/DAY/YEAR)	CHURCH (NAME)	PLACE (CITY / STATE)
FIRST COMMUNION	DATE (MONTH/DAY/YEAR)	CHURCH (NAME)	PLACE (CITY / STATE)
CONFIRMATION	DATE (MONTH/DAY/YEAR)	CHURCH (NAME)	PLACE (CITY / STATE)

(ATTACH PHOTO OF CHILD)

St. John Bosco Academy is not staffed to handle students with special needs or those who have trouble academically or behaviorally. Our classes are aimed at students who have average ability or above. For both your child's and the school's best interest, please be honest when you answer the following questions.

Previous School:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
(NUMBER / STREET / P.O. BOX) (CITY / STATE)

(ZIP)

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_  
(AREA CODE FIRST) (AREA CODE FIRST)

Last Grade Successfully Completed: \_\_\_\_\_ Grade average: \_\_\_\_\_

Please list the number of times applicant has changed schools and reasons for transfer:

\_\_\_\_\_

Has applicant ever been referred for testing or placed in a special program?

\_\_\_\_\_

Has applicant received any other special help or tutoring?

\_\_\_\_\_

Has applicant ever repeated a grade for any reason?

\_\_\_\_\_

Has applicant received any special honors or awards for scholastic achievements?

\_\_\_\_\_

Has applicant ever been suspended, expelled, or disciplined beyond the ordinary?

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Has applicant ever seen a counselor / doctor / psychiatrist for any type of social, behavior or mental problems?

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Has applicant ever been examined or treated by a counselor / doctor / psychiatrist for hyperactivity or attention deficit disorder?

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Do you suspect or have you been told that your child might have dyslexia?

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Has the child experienced discipline problems at home?

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Has the child ever been arraigned by civil authorities?

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Does the child have any physical limitations/challenges of which the school should be aware?

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Is child on medication(s) or treatment?

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Does the child suffer food or other allergies?

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Is the child addicted to any kind of tobacco products or other substances?

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For new students only, please include with this application the following:

A copy of last achievement test scores.

Grade cards of the most current quarter and one from the previous year.

An interview and entrance test will be given by a staff member before applicant is accepted.



**ST. JOHN BOSCO ACADEMY  
REQUEST FOR STUDENT RECORDS**

Parents, please complete and mail this form to your child's former school. **DO NOT SEND THIS FORM** to St. John Bosco Academy.

**Please send complete transcripts, test results, and health history as well as other related material relative to:**

**STUDENT NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**GRADE:** \_\_\_\_\_ **SCHOOL YEAR(s) IN ATTENDANCE:** \_\_\_\_\_

**Please mail these records to:**

**St. John Bosco Academy  
33 Divine Mercy Way  
Hardy, AR 72542  
PHONE (870) 856-4494**

**I hereby authorize release of this information:**

\_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent / Guardian**