



ST. JOHN'S EPISCOPAL SCHOOL

401 W. County Rd. N • Odessa, TX 79763
Mailing address: P.O. Box 3046 • Odessa, TX 79760
(432) 337-6431

Enrollment Application 2016-2017

This form must be accompanied by Enrollment Fee (non-refundable).

___ Pre-School 3's ___ 1st Grade ___ 4th Grade ___ 7th Grade
___ Pre-K 4's ___ 2nd Grade ___ 5th Grade
___ Kindergarten ___ 3rd Grade ___ 6th Grade

Extended Day Program

Full Time Part Time

First Name _____ Middle _____ Last _____

Home Address _____ Zip _____ Male Female

Mailing Address (if different from home address) _____ Telephone _____

Place of Birth _____ Date of Birth _____ Social Security # _____

School and grade last attended (report card required for grades 2 through 7) _____

Name of Mother or Guardian _____ Hm Phone _____

Home Address _____ Cell Phone _____

Employer _____ Business Address _____ Bus Phone _____

Occupation _____ Email _____

Name of Father or Guardian _____ Hm Phone _____

Home Address _____ Cell Phone _____

Employer _____ Business Address _____ Bus Phone _____

Occupation _____ Email _____

Name and ages of brothers and sisters _____

Family Church Affiliation _____

Does this child have adjustment problems, allergies or physical conditions of which the school should be aware regarding assignments or activities? Yes No If yes, kindly attach a note of explanation.

Child's Physician _____ Address _____ Telephone _____

Persons who may be called in case of emergency: (other than parents):

Name _____ Address _____ Telephone _____

Name _____ Address _____ Telephone _____

Grandparents:

Name _____ Address _____ Zip _____

Name _____ Address _____ Zip _____

OFFICE USE ONLY

Reg. Fee _____

Tuition _____

Signed _____ Date _____