



# Application

# School Year 2020-2021

Please print the following information

## Family Information

Father's Name \_\_\_\_\_

Mother's Name \_\_\_\_\_

Parish \_\_\_\_\_

How did you find out about St. John the Baptist School?  Family/Friend  Advertisement  
 Other \_\_\_\_\_

### Father/Guardian Information

Address \_\_\_\_\_

Child living with you?  Yes  No

Birthplace \_\_\_\_\_

Ethnicity \_\_\_\_\_

Religion \_\_\_\_\_

Marital Status \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Occupation \_\_\_\_\_

Work# \_\_\_\_\_

Home# \_\_\_\_\_

Mobile# \_\_\_\_\_

Email Address \_\_\_\_\_

### Mother/Guardian Information

Address \_\_\_\_\_

Child living with you? Yes  No

Birthplace \_\_\_\_\_

Ethnicity \_\_\_\_\_

Religion \_\_\_\_\_

Marital Status \_\_\_\_\_

Employer \_\_\_\_\_

Business Address \_\_\_\_\_

Occupation \_\_\_\_\_

Work# \_\_\_\_\_

Home# \_\_\_\_\_

Mobile# \_\_\_\_\_

Email Address \_\_\_\_\_

## Legal Name of Student Applying

Name \_\_\_\_\_

Gender: Male  Female  Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_

Grade in September \_\_\_\_\_

Baptismal Date \_\_\_\_\_ Church \_\_\_\_\_

First Communion Date \_\_\_\_\_ Church \_\_\_\_\_

## Name & Address of Current School Attending:

**Important Tuition Information:** Tuition payments are made from July thru May by debit from your checking/savings to FACTS. No tuition payments are made directly to the school. You may choose to pay on the 1<sup>st</sup> of the month for 10 months, bi-monthly, two payments, or 1 full payment. There is a \$35.00 return payment from FACTS for tuition payment returned.

Bills will be paid by: Name \_\_\_\_\_ SSN# \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature Required: \_\_\_\_\_ Date: \_\_\_\_\_

**PLEASE TURN APPLICATION OVER AND FILL OUT BACK**

**OFFICE USE ONLY: BC \_\_\_ BAP \_\_\_ IMM \_\_\_ FC \_\_\_ HEALTH FORM \_\_\_ REPORT CARD \_\_\_**

**St. John the Baptist School**

**3870 Stewart Ave.  
Baldwin Park, CA  
91706**

**(626)337-1421**

**www.sjsbp.org**

**Office hours 7:30am-  
3:30pm**

**Rev. Michael D.  
Gutierrez, Pastor  
(626)960-2795**

**Sr. Rosario Mediavilla,  
Principal  
srosario@sjsbp.org**

**Mrs. Debra Escalera  
Vice Principal  
descalera@sjsbp.org**

ACCREDITED BY:  
The Western Catholic  
Educational Association  
(WCEA) and the Western  
Association of Schools and  
Colleges (WASC)

### Mission Statement

St. John the Baptist School is rooted in the teachings of Jesus and our Catholic traditions. We challenge our students to pursue excellence in all areas of endeavor to serve the global community.



**SISTERS OF THE  
LOVE OF GOD**

**Legal Name of Student Applying**

Name \_\_\_\_\_

Gender: Male  Female  Birth Date \_\_\_\_\_ Place of Birth \_\_\_\_\_

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**Legal Name of Student Applying**

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**Legal Name of Student Applying**

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First Communion Date \_\_\_\_\_ Church \_\_\_\_\_

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**Name & Address of Current School Attending:**

# EMERGENCY INFORMATION

NAME	PHONE NUMBER	RELATIONSHIP
1.		
2.		
3.		