



# SAINT JOHN the EVANGELIST CATHOLIC SCHOOL

111 JOHN E. MANN STREET, WARRENTON, VA 20186

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PARENT'S NAME: \_\_\_\_\_  
Family Father Mother

ADDRESS: \_\_\_\_\_  
Street City Zip

PHONE: \_\_\_\_\_  
Home Father/Work Mother/Work

EMAIL: \_\_\_\_\_

RELIGION \_\_\_\_\_ PARISH \_\_\_\_\_ ENVELOPE # \_\_\_\_\_

NAME	GRADE
_____	_____
_____	_____
_____	_____
_____	_____

Date: \_\_\_\_\_ Parent Signature: \_\_\_\_\_

**A non-refundable Application Fee of \$150.00 per child is required to reserve a space for the school year.** Registration will not be considered complete until we receive payment and the completed Application Checklist. In addition, a non-refundable Material Fee of \$250.00 per child is required annually for all admitted students.

For office use only:			
Date: _____	Application Fee: _____	Check# _____	Material Fee: _____