



SAINT JOHN the EVANGELIST CATHOLIC SCHOOL

111 JOHN E. MANN STREET, WARRENTON, VA 20186

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 \$135.00 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: _____