



# St. John Neumann Catholic High School

3000 53<sup>rd</sup> Street SW, Naples, FL 34116  
(239) 455-3044 / Fax (239) 455-2966 / www.sjnceltics.com

**Application Fee: \$30 (includes Entrance Exam fee for November 12)**  
**Please submit a student photo with the application**

## STUDENT INFORMATION

---

Application for Admission to Grade \_\_\_\_\_ Date \_\_\_\_\_

Applicant's Name \_\_\_\_\_  
Last First Middle

Gender: M F

Address \_\_\_\_\_  
Street City State Zip

Have you ever applied to St. John Neumann before?  Yes  No

Date of Birth \_\_\_\_\_ Student's E-Mail \_\_\_\_\_

Home Phone \_\_\_\_\_ Student's Religious Affiliation \_\_\_\_\_

Student's Cell Phone \_\_\_\_\_ Parish Attending \_\_\_\_\_

### STUDENT RESIDES WITH:

Both Parents

Mother Only

Father Only

M/ Stepfather

Name \_\_\_\_\_

F/ Stepmother

Name \_\_\_\_\_

Guardian

Name \_\_\_\_\_

### ETHNICITY (OPTIONAL):

White

Black

Hispanic

Asian

Other \_\_\_\_\_

Native Language:  
\_\_\_\_\_

Please Give the Following Information:  Father Deceased  Mother Deceased  Parents Separated or Divorced

Is it permissible for non-custodial parent to receive information concerning the student? \_\_\_\_\_

Is there a court order in effect limiting the presence or removal of your student by any persons during school hours? \_\_\_\_\_

**PARENT AND FAMILY INFORMATION:**

Full Name of  
Father \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Name of Company \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Full Name of  
Mother \_\_\_\_\_

Occupation \_\_\_\_\_ Business Phone \_\_\_\_\_

Name of  
Company \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Present School \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Transfer Students Only – Are you in good standing with your previous school? \_\_\_\_\_

Reason for leaving previous school: \_\_\_\_\_

List school(s) previously attended, most recent first, giving location and length of time at each.

---

---

---

Has the student been tested by an independent educational consultant or by other testing agencies? \_\_\_\_\_

If Yes, please describe the nature of the testing \_\_\_\_\_

---

---

Has your child even been evaluated and/or diagnosed with any type of learning disability? \_\_\_\_\_

---

---

Has your child ever repeated a grade? If Yes, what grade? \_\_\_\_\_

Other Children In Family

Name \_\_\_\_\_ Sex \_\_\_\_ Birth date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_ Birth date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_ Birth date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ Sex \_\_\_\_ Birth date \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Relatives who are or have attended St. John Neumann High School:

Name \_\_\_\_\_ Class \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Class \_\_\_\_\_ Relationship \_\_\_\_\_

Grandparents' Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Grandparents' Name \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Does your student have any physical limitations, illness, disease, or physical disabilities that may affect his/her general health or participation in the school's academic, extra co-curricular or athletic life? Please describe:

---

---

---

Does your child have a student support plan, I.E.P., or 504 Plan? If so, please submit written documentation, including the Psychological Evaluation.

---

Has your child ever been involved in any serious behavioral or criminal activities requiring disciplinary action? Please explain:

---

---

---

---

---

I verify that all the information above is accurate to the best of my knowledge.

I agree to abide by the rules and regulations of St. John Neumann High School and recognize, however, the right of the school to exclude at any time a student whose conduct or academic standing renders undesirable. I agree to guarantee to St. John Neumann the payment of tuition, school fees, and other expenses that may be incurred in account with the school.

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

For Office Use Only
Student ID # _____
Principal's decision to approve:    _____ Accepted    _____ Not Accepted    _____ Waiting List
Principal's Signature: _____
Special Instructions/Conditions: _____



TO BE FILLED OUT BY APPLICANT

Applicant's Name \_\_\_\_\_

Please describe your participation in extra-curricular school activities: \_\_\_\_\_

---

---

---

Please describe your interests and/or accomplishments: \_\_\_\_\_

---

---

---

---

Recall briefly a past experience or activity that has given you the most personal satisfaction: \_\_\_\_\_

---

---

---

How did you become interested in St. John Neumann High School? \_\_\_\_\_

---

---

Please tell us the reasons why you want to attend St. John Neumann High School: \_\_\_\_\_

---

---

---

Signature of  
Student

---