

## APPLICATION FOR ADMISSION

**Items that need to accompany this application are**

- A copy of transcripts and/or the last two report cards
- Copies of Standardized Assessment Tests if available
  - A \$100.00 non-refundable processing fee

\_\_\_\_\_ Academic School Year \_\_\_\_\_ Summer Camp \_\_\_\_\_ ESL Camp \_\_\_\_\_ International Application  
*(Fill in school year applying for)*

**Source (Please circle):** KHOW 630 Radio, KOA 850 Radio, Other Radio, Google, Yahoo, Other Internet Search, Website Referral, Newspaper, School, Personal Referral (please explain), Other (please explain)

**Explanation:** \_\_\_\_\_

**Referred by:** \_\_\_\_\_

The SJMS Admissions Committee will review all applications. Once a determination has been made of acceptance, the parents will be notified. They will also receive enrollment paperwork. Additional documentation may be requested during the time of evaluation including, but not limited to documentation of "yes" answers. (i.e. copy of IEP or testing)

### Cadet Information (please print legibly)

SJMS # \_\_\_\_\_ Date \_\_\_\_\_  
*(official school use only)*

Student's Full Name \_\_\_\_\_  
*First Middle Last*

Nickname \_\_\_\_\_ SSN \_\_\_\_\_  
*(if applicable)*

Birthdate \_\_\_\_\_ Current Grade \_\_\_\_\_ Grade Applying for \_\_\_\_\_

Place of Birth \_\_\_\_\_ Citizenship \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_

Glasses/Contacts \_\_\_\_\_ Language Spoken in Home \_\_\_\_\_

Church Affiliation \_\_\_\_\_ Member of \_\_\_\_\_

### Current School

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact Person \_\_\_\_\_ Email \_\_\_\_\_



Custody Information: Person with Residential Custody

- Check as applicable
Birth Parents Married
Birth Parents Separated\*
Birth Parents Divorced\*
Father Deceased
Mother Deceased
Father Remarried
Mother Remarried
Adoptive Parents
Other

Legal Custody

- Check as applicable
Joint Legal Custody with Father and Mother
Sole Legal Custody by Father
Sole Legal Custody by Mother
Legal Guardian other than Parents

Responsible for Tuition & Other Charges

- Jointly with Father and Mother
Mother Only
Father Only
Other

Who may visit or pick up your child

- Check as applicable
Father
Mother
Guardian
Other
List names of others

\*If birth parents are divorced or separated, a copy of the divorce decree must be attached that pertains to custody, visitation, insurance, payment of expenses for the student and educational placement.

Father/Guardian Personal Information

Full Name (First, Middle, Last)
Home Address
City, State, Zip
Home Phone, Cell Phone
Home Fax, Home Email
Employer, Position/Title
Business Address
City, State, Zip
Business Phone, Business Fax
Business Email

Mother/Guardian Personal Information

Full Name (First, Middle, Last)
Home Address
City, State, Zip
Home Phone, Cell Phone
Home Fax, Home Email
Employer, Position/Title
Business Address
City, State, Zip
Business Phone, Business Fax
Business Email

**Emergency Contact** *(used when we are unable to reach primary parent/guardian)*

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email Address \_\_\_\_\_

**Academic and Conduct History**

1. Has the applicant ever been suspended/dismissed from school?  Yes  No

# of times? \_\_\_\_\_ Suspension/Dismissal? \_\_\_\_\_ # of days? \_\_\_\_\_

Please provide the date and details of each occurrence. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Has the applicant ever received counseling, psychiatric, or psychological care for emotional or behavioral problems or difficulties in the last five years? This includes, but is not limited to the following (check all that apply):  Yes  No

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> Low self-esteem | <input type="checkbox"/> Eating disorders | <input type="checkbox"/> Confrontational behavior | <input type="checkbox"/> Problems with authority   |
| <input type="checkbox"/> Depression      | <input type="checkbox"/> Anxiety          | <input type="checkbox"/> Violent behavior         | <input type="checkbox"/> Suicidal behaviors        |
| <input type="checkbox"/> Drug use        | <input type="checkbox"/> ADD/ADHD         | <input type="checkbox"/> Aggressive behavior      | <input type="checkbox"/> Self-destructive behavior |
| <input type="checkbox"/> Alcohol use     | <input type="checkbox"/> ODD              | <input type="checkbox"/> Anti-social behavior     | <input type="checkbox"/> None of the above         |

Other, please explain: \_\_\_\_\_

If any box is checked above, please provide the dates the applicant received such assistance and the name, address, and telephone number of the therapist, counselor, or other person who provided the assistance or counseling.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Date & Reason(s) for treatment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medication prescribed? \_\_\_\_\_ Please provide the details of any medication taken, including dosage. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the applicant still taking this medication? \_\_\_\_\_

**Academic and Conduct History (continued)**

3. Has the applicant ever been in voluntary or involuntary residential or outpatient treatment for drugs and/or alcohol?  Yes  No

Voluntary/Involuntary? \_\_\_\_\_ Residential/Outpatient? \_\_\_\_\_ Length of Stay? \_\_\_\_\_  
Current/Completed? \_\_\_\_\_ Please provide type of drug/alcohol and result. \_\_\_\_\_

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4. Has the applicant ever been arrested, detained, or ticketed by the police, juvenile authority, or any department of health and social services?  Yes  No  
*(A police/juvenile court clearance or final disposition report from authorities will be required before admission can be determined.)*

Please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

More than once? \_\_\_\_\_ Please explain each occurrence. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Misdemeanor/Felony? \_\_\_\_\_ Status of most recent offense: Pending \_\_\_\_\_ Active \_\_\_\_\_ Closed \_\_\_\_\_

5. Does the applicant take any daily medications or supplements? (Other than previously listed #2)?  Yes  No

List reason for medication, name of medication, dosage, frequency, and how long has applicant been taking the medication.

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SJMS.ORG  
P.O. BOX 5020  
SALINA, KS 67402-5020  
Fax: 785-823-2701

**Academic and Conduct History (continued)**

6. Does the applicant smoke or chew tobacco?  Yes  No

Smoke/Chew? \_\_\_\_\_ How long? \_\_\_\_\_ Tried to quit? \_\_\_\_\_ Attended tobacco cessation classes? \_\_\_\_\_

7. Does the applicant have any physical limitations?  Yes  No

Please specify and explain the scope of limitation(s). \_\_\_\_\_

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8. Does the applicant have or ever had an Individualized Education Plan (I.E.P.)?  Yes  No

*(Special Education services are not offered at St John's.)*

Current/Previous? \_\_\_\_\_ If current, length of IEP? Subject(s)? \_\_\_\_\_

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If previous, in what grades active? Subject(s)? \_\_\_\_\_

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Additional information that you feel would be helpful in consideration of this applicant for acceptance to St. John's Military School: \_\_\_\_\_

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**If more explanations are needed, please enclose a separate sheet of paper.**

## References/Evaluation Forms

Once the Application for Admission has been submitted, references/evaluation forms and the transcript request will be made available. All evaluation forms are kept confidential.

- English Teacher Evaluation: To be completed by the **current** English teacher.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- Math Teacher Evaluation: To be completed by the **current** Math teacher.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- Principal/Guidance Counselor Evaluation: To be completed by the **current** Principal and/or Guidance Counselor.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

- Other Evaluation: To be completed by a non-immediate family member adult who can attest to the applicant's character. For example: a coach, pastor or religious leader, aunt/uncle, grandparent, neighbor, etc.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address or Email: \_\_\_\_\_

## Application Processing Fee

\_\_\_\_\_ I am enclosing the \$100.00 non-refundable processing fee for the Academic Year

If paying by credit card complete the information below

Name on card \_\_\_\_\_ Card # \_\_\_\_\_

Billing Address \_\_\_\_\_

Expiration date \_\_\_\_\_ Security Code (3 digits) \_\_\_\_\_

**NOTE: Application will not be reviewed until application fee and all documents are received.**

I hereby acknowledge and represent that the information provided is true, correct, and complete to the best of my knowledge, and I further understand that a material omission or false information may constitute grounds for immediate dismissal of the cadet from St. John's Military School.

Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

SJMS does not discriminate in Admissions opportunities or practices on the basis of race, color, religion, national origin, or any other characteristic protected by law.

### For Office Use Only:

Director of Admissions' signature: \_\_\_\_\_

Academic Dean's signature: \_\_\_\_\_

Commandant's signature: \_\_\_\_\_

Nurse's signature: \_\_\_\_\_