



Dear Parents,

Thank you for showing an interest in Pope John XXIII Middle School.

The following items are required to submit with your application for 2019/2020:

- Letter of Recommendation from your school Principal
- Copies of Standardized Test Scores
- Copies of Transcripts
- Copy of Individualized Educational Plan
- \$50.00 Deposit

Children applying for grades 5-7 will be scheduled for grade level admissions testing. Once your application packet has been returned to the school, you will be contacted to schedule an appointment for admissions testing and a shadow day.

Students applying must provide copies of report cards and standardized testing for 2-3 years prior to acceptance. If your child has a Service Plan or IEP please provide a copy to the office on the day of testing.

If you have any questions, please call the school office.

Sincerely,

Susan Santore  
Principal



## Application for Admission

Date of application: \_\_\_\_\_ Grade entering: \_\_\_\_\_

### Section I

#### Student Information

Student's name: \_\_\_\_\_ Sex: M F (Please circle)  
Last First Middle

Name by which student is commonly known: \_\_\_\_\_  
Nickname

Home address: \_\_\_\_\_  
Street

\_\_\_\_\_ City State Zip Code

Preferred phone number: \_\_\_\_\_

Preferred email: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
Town & State

Ethnicity: (please circle) Asian, Black, Caucasian, Hispanic, Native American/Alaskan Native, Other, Pacific Islander

- Please complete only if your child is registering for our Early Childhood Development Program at Rev. George A. Brown Memorial School:

Student schedule (circle one option): 5 full days 5 half days 3 full days 3 half days

Student sacraments received:

Baptism: Church \_\_\_\_\_ Date \_\_\_\_\_

Penance: Church \_\_\_\_\_ Date \_\_\_\_\_

Communion: Church \_\_\_\_\_ Date \_\_\_\_\_

If your child is a non-Catholic, please state the child's religion \_\_\_\_\_

Place of worship \_\_\_\_\_

Last school attended \_\_\_\_\_ Phone: \_\_\_\_\_

Address of School: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Reason for transfer:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has a Child Study Team Evaluation been recommended for your child? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your child have a current Service Plan/IEP in place? Yes \_\_\_\_\_ No \_\_\_\_\_ *(If yes, a copy of the service plan, educational, psychological evaluation, and social history must be submitted with your application for review.)*

*If there are special conditions which should be considered in reviewing the student's application, parents are encouraged to make those considerations known to us either in writing or through an interview. Failure to make known conditions that could affect the student's full participation in the total education program of the school will be grounds for the school to withdraw any offer of admission.*

Does your child have medical insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Other children in household (under 18 years of age)

Name	Date of birth	Grade	School	M/F
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**Section II**

**Parent Information**

Father's name: \_\_\_\_\_ Religion: \_\_\_\_\_  
Last First Middle

Father's address: \_\_\_\_\_  
Street

City State Zip code

Father's day phone: \_\_\_\_\_ Father's occupation: \_\_\_\_\_

Father's place of employment: \_\_\_\_\_

Father's email address: \_\_\_\_\_

Mother's name: \_\_\_\_\_ Religion: \_\_\_\_\_  
Last First Middle

Mother's address: \_\_\_\_\_  
Street

City State Zip code

Mother's day phone: \_\_\_\_\_ Mother's occupation: \_\_\_\_\_

Mother's place of employment: \_\_\_\_\_

Mother's email address: \_\_\_\_\_

Marital Status: Married Separated Divorced Widow/Widower Single

Custodial parent: \_\_\_\_\_

Mailing address: (if different than above): \_\_\_\_\_  
Street

City State Zip Code

Duplicate mailings will be sent to two households at your request. Are duplicate mailings required?  
Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide name and address: \_\_\_\_\_

\_\_\_\_\_

Please complete the following:

In what parish are you a registered member? \_\_\_\_\_

In what town are you a resident? \_\_\_\_\_

In what public school district are you located? (the public school your child would attend if not registered in an Academy school) \_\_\_\_\_

Do you live a distance of over two miles from The Catholic Academy of Sussex County? \_\_\_\_\_

### Section III

#### Consent to photograph, film, or videotape a student for non-profit use.

The world of media, particularly social media, changes constantly. To positively promote The Catholic Academy of Sussex County and your child's personal success stories, we are once again seeking permission to publish your child's photo/image, name, grade, and hometown in the newspaper, on the schools' websites, and via social media.

Kindly indicate your preference below. *Please note that this form will be kept on file for reference during your child's entire enrollment at The Catholic Academy of Sussex County.*

\_\_\_\_\_ I hereby consent to the participation in interviews, the use of quotes, and the taking of photographs, movies or video tapes and identifiers (name, class year) of the below-named student, and grant to the Diocese of Paterson, Catholic Academy of Sussex County the right to edit, use, and reuse said products for non-profit purposes including use in print, on the internet, and all other forms of media. I also hereby release the Diocese of Paterson, Catholic Academy of Sussex County and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

\_\_\_\_\_ I do not grant permission for my child (below-named) to participate in any of the above.

\_\_\_\_\_ Class of \_\_\_\_\_  
Name of Student (please print)

\_\_\_\_\_  
Name of Parent (please print)

Signature of Parent/Guardian:  
\_\_\_\_\_

Relation to student: \_\_\_\_\_

Date: \_\_\_\_\_

How did you hear about the school you are applying to? \_\_\_\_\_

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**This section for Office Use only:**

- \_\_\_\_\_ Original birth certificate
- \_\_\_\_\_ Original baptismal certificate
- \_\_\_\_\_ Transportation application (B6T)
- \_\_\_\_\_ Family information form\*
- \_\_\_\_\_ Release of Records /IEP individual education plan or service plan
- \_\_\_\_\_ \$ 50.00 deposit\*
- \_\_\_\_\_ \$300.00 registration fee (per student due upon acceptance)\*
- \_\_\_\_\_ Inoculation records
- \_\_\_\_\_ Private physical exam
- \_\_\_\_\_ Tuition contract
- \_\_\_\_\_ Transfer card\*

Admissions testing for grades K-7 will be scheduled by phone when the application is returned.

*\*Applies to grades K-7 only*

*Updated 01/09/18*



SCHOOL YEAR 2019 - 2020 RESIDENT DISTRICT BOARD OF EDUCATION \_\_\_\_\_

STUDENT'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_  
LAST FIRST MIDDLE MONTH DAY YEAR

GENDER \_\_\_\_\_ PARENT/GUARDIAN NAME \_\_\_\_\_ DAYTIME PHONE \_\_\_\_\_  
M or F AREA CODE + NUMBER

HOME ADDRESS \_\_\_\_\_ CITY or TWP \_\_\_\_\_ ZIP \_\_\_\_\_

NEAREST INTERSECTION TO STUDENT'S RESIDENCE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_ ZIP \_\_\_\_\_

FULL NAME OF SCHOOL TO BE ATTENDED Pope John Middle School PHONE \_\_\_\_\_

ADDRESS OF SCHOOL 28 Andover Road, Sparta NJ 07871

STUDENT'S GRADE FOR THE COMING YEAR \_\_\_\_\_

SHORTEST ONE-WAY MILEAGE BETWEEN HOME AND SCHOOL \_\_\_\_\_  
(MEASURED VIA THE SHORTEST ROUTE ALONG PUBLIC ROADWAYS OR WALKWAYS IN MILES AND TENTHS)

DATE SCHOOL OPENS September 2019 CLOSES June 2020 SCHOOL HOURS FROM 8:00 MILES TENTHS AM TO 2:32 PM

NAME AND ADDRESS OF LAST SCHOOL OF ATTENDANCE \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE \* FOR PUBLIC SCHOOL USE ONLY**

YOUR APPLICATION HAS BEEN REVIEWED BY THE RESIDENT DISTRICT BOARD OF EDUCATION. THE FOLLOWING DETERMINATION HAS BEEN MADE:

\_\_\_\_\_ TRANSPORTATION WILL BE PROVIDED

\_\_\_\_\_ YOU ARE ELIGIBLE FOR PAYMENT IN LIEU OF TRANSPORTATION

\_\_\_\_\_ INELIGIBLE

\_\_\_\_\_ (REASON)

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_

**INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION (B6T) N.J.A.C. 6A:27-2.5**

1. IT IS THE OBLIGATION OF THE PARENT OR GUARDIAN OF PRIVATE SCHOOL STUDENTS TO:

{ ANNUALLY OBTAIN THE APPLICATION FOR PRIVATE SCHOOL TRANSPORTATION FROM THE ADMINISTRATIVE OFFICE OF THE PRIVATE SCHOOL FOR EACH STUDENT FOR WHICH TRANSPORTATION SERVICES ARE BEING REQUESTED. SUBMIT A SEPARATE APPLICATION FOR EACH STUDENT.

**NOTE:**

- o IF THERE IS A CHANGE OF HOME ADDRESS, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.
- o IF THERE IS A CHANGE IN THE NONPUBLIC SCHOOL OF ATTENDANCE, A NEW APPLICATION SHALL BE SUBMITTED TO THE PUBLIC SCHOOL DISTRICT OF RESIDENCE.

{ COMPLETE THIS APPLICATION AND RETURN IT TO THE PRIVATE SCHOOL ON OR BEFORE MARCH 10<sup>TH</sup> PRECEDING THE SCHOOL YEAR IN WHICH TRANSPORTATION IS BEING REQUESTED.

LATE APPLICATIONS – ANY APPLICATION RECEIVED AFTER MARCH 10<sup>TH</sup> WILL BE A LATE APPLICATION AND MUST BE ACCOMPANIED BY A STATEMENT OF THE REASON FOR LATENESS. ELIGIBLE STUDENTS WILL RECEIVE TRANSPORTATION OR AID IN LIEU OF TRANSPORTATION BASED ON THE DATE THE APPLICATION IS RECEIVED BY THE PUBLIC SCHOOL.

2. IT IS THE OBLIGATION OF THE NONPUBLIC SCHOOL ADMINISTRATOR TO ANNUALLY COLLECT THE APPLICATION AND SUBMIT IT TO THE PUBLIC SCHOOL FROM WHICH TRANSPORTATION IS BEING REQUESTED PRIOR TO MARCH 15<sup>TH</sup>.

3. IT IS THE OBLIGATION OF THE PUBLIC SCHOOL ADMINISTRATOR TO NOTIFY THE PARENT OR GUARDIAN AS TO THE DETERMINATION OF EACH APPLICATION BY AUGUST 1<sup>ST</sup>.

A DISTRICT BOARD OF EDUCATION SHALL PAY AID IN LIEU OF TRANSPORTATION TO THE PARENT OR GUARDIAN OF AN ELIGIBLE STUDENT ONLY AFTER RECEIVING A SIGNED "REQUEST FOR PAYMENT OF TRANSPORTATION AID" VOUCHER AS PRESCRIBED BY THE COMMISSIONER OF EDUCATION.





### Individual Pupil Request for Loan of Textbooks

Public School District: Sparta Township Public Schools  
18 Mohawk Avenue  
Sparta, New Jersey 07871

Non-Public School: Pope John XXIII Middle School  
28 Andover Road  
Sparta, New Jersey 07871

**Please print all requested information (1 form per child)**

Name of Pupil: \_\_\_\_\_  
Last Name First Name

Current Grade: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Under the provisions of N.J.S.A. 18A:58 - 37.1 et. Seq., I hereby request the Sparta Township Public Schools to loan textbooks to Pope John XXIII Middle School in which my child is enrolled. I certify that my above child and I are residents of the State of New Jersey. I understand that the board of education of the public school district in which the non-public school is located with state funding is responsible for providing the loan of textbooks to non-public school pupils pursuant to law and regulations.

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_



**FAMILY INFORMATION FORM 2019 - 2020**

**Family Name:** \_\_\_\_\_

**Father's Name:** \_\_\_\_\_ **Mother's Name:** \_\_\_\_\_

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

**City/Zip:** \_\_\_\_\_ **Home phone:** \_\_\_\_\_

**Father's Cell:** \_\_\_\_\_ **Mother's Cell:** \_\_\_\_\_

**Father's Email Address:** \_\_\_\_\_

**Mother's Email Address:** \_\_\_\_\_

**Mailing Address (if different from above)** \_\_\_\_\_

**Name of child/children applying or attending Pope John Middle School (September 2019):**

<b>STUDENT NAME</b>	<b>GRADE</b>
_____	_____
_____	_____
_____	_____
_____	_____

**In what Parish are you a registered member** \_\_\_\_\_

**Please indicate below if you would like your information published in the school directory we provide to our families.**

\_\_\_\_\_ **Yes**

\_\_\_\_\_ **No**

**Signature** \_\_\_\_\_