



St. John's Military School

PO Box 5020, Salina, Kansas 67402-5020
785.823.7231 • 866.704.5294
Fax 785.309.5489 • www.sjms.org

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

_____ Current Academic School Year _____ 20____ Academic School Year
(Fill in school year applying for)

The SJMS Admissions Committee will review all applications. Once a determination has been made of acceptance, the parents will be notified with an acceptance letter along with further enrollment paperwork. Additional documentation may be requested during the time of evaluation including but not limited to recommendation forms and a letter from parents.

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 _____ Coutry _____

Phone _____ Fax _____

Contact Person _____ Email _____

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Custody Information

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 _____

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

Name _____ Relationship _____

Home Phone _____ Cell Phone _____

Email Address _____

Academic and Conduct History

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

Has the applicant ever received psychiatric or psychological care? Yes No

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

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.)

Does the student smoke or chew tobacco? Yes No

Is the student taking any medications? Yes No

Does the student have any physical limitations? Yes No

Does the student have or ever had an Individualized Education Plan (I.E.P.)? Yes No
(Special Education services are not offered at St John's.)

If you have answered yes to any of the questions above, please explain on a separate sheet.

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) _____

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 _____