



ST. JOSEPH CATHOLIC SCHOOL

SCHOOL YEAR: _____

GRADE: _____

If PreK Circle One:

AM PM All Day

Complete one form per child (front & back)

| | | |
|--|---|---|
| <p style="text-align: center;"><u>Child's Name</u></p> <p>Last: _____</p> <p>First: _____</p> <p>Middle: _____</p> <p>Name to be called in class: _____</p> | <p style="text-align: center;"><u>Sex</u></p> <p>Male <input type="checkbox"/></p> <p>Female <input type="checkbox"/></p> <p style="text-align: center;"><u>US Citizen</u></p> <p>Yes <input type="checkbox"/></p> <p>No <input type="checkbox"/></p> | <p style="text-align: center;"><u>Address</u></p> <p>Street: _____</p> <p>City: _____</p> <p>State: _____ Zip _____</p> <p>Home Number: (____) _____ - _____</p> |
| <p><u>Birth Date</u> ____/____/____</p> | | <p style="text-align: center;"><u>Resides with (check one)</u></p> <p>Both <input type="checkbox"/> Mother <input type="checkbox"/></p> <p>Father <input type="checkbox"/> Other <input type="checkbox"/>: _____</p> |
| <p><u>Birth Place:</u></p> <p>City _____</p> <p>County _____ State _____</p> <p>Country (if outside USA) _____</p> | | <p style="text-align: center;"><u>How did you hear about us?</u></p> <p>_____</p> <p>_____</p> <p>_____</p> |
| <p style="text-align: center;"><u>Ethnic Origin of Child</u></p> <p><i>(This is used for State/Diocesan statistical purposes.)</i></p> <p>1. Is the student Hispanic? Yes No</p> <p>2. Select one of the following:</p> <p><input type="checkbox"/> Caucasian <input type="checkbox"/> Black</p> <p><input type="checkbox"/> American Indian/ <input type="checkbox"/> Pacific Islander/</p> <p style="padding-left: 40px;">Native Alaskan Native Hawaiian</p> <p><input type="checkbox"/> Asian <input type="checkbox"/> Two or more races</p> <p>Language spoken at home: _____</p> | <p style="text-align: center;"><u>Academic History</u></p> <p>Current School Name _____</p> <p>Street Address _____</p> <p>City _____ State _____ Zip _____</p> <p>*Kindergarten Use Only: Did the student attend VPK? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Has the student ever repeated a grade? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If so, which Grade(s)? _____</p> <p>Has the student ever been suspended/expelled from any school? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> | |
| <p style="text-align: center;"><u>Sacraments</u></p> <p><input type="checkbox"/> Catholic (please check all sacraments your child has received)</p> <p><input type="checkbox"/> Baptized <input type="checkbox"/> Penance</p> <p><input type="checkbox"/> Holy Eucharist <input type="checkbox"/> Confirmation</p> <p><input type="checkbox"/> Non-Catholic</p> | <p style="text-align: center;"><u>Educational/Psychological</u></p> <p><i>Has the student been tested for any disability, educational or otherwise?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>**Please submit submit educational/psychological test results**</p> <p><input type="checkbox"/> N/A <input type="checkbox"/> ADD <input type="checkbox"/> ADHD <input type="checkbox"/> ESE</p> <p>Please list disability _____</p> <p>_____</p> <p>Is your child taking any medication associated with this disability? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please specify: _____</p> | |

The following information must be enclosed with the application:

- ❖ **Birth Certificate**
- ❖ **Baptismal Certificate (Catholic)**
- ❖ **Immunization Record**
- ❖ **Recent report card and previous two years report cards (if applicable)**
- ❖ **Standardized Tests (grades 2-8)**
- ❖ **Psychological Test Results (if applicable)**
- ❖ **Records Request Form**

I, _____

(Print First & Last Name)

acknowledge that I have completed the application and student enrollment forms to the best of my knowledge. If any information changes I will notify the school office in writing as soon as it occurs.

Signature

Date