



# St. Joseph School

## FAITH FAMILY EXCELLENCE

### 2018-19 Application

Student's Legal Name: \_\_\_\_\_ Sex: M \_\_\_ F \_\_\_ T-shirt: Child size: \_\_\_ Adults Size: \_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Number & Street City State Zip

Home Telephone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Birth Place: \_\_\_\_\_  
(City & State)

\*Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

\*First Communion: \_\_\_\_\_ Church: \_\_\_\_\_ City & State: \_\_\_\_\_

***\*(new students only)***

**Ethnic Origin:** American Indian \_\_\_ Filipino \_\_\_ Asian \_\_\_ Black \_\_\_  
Hispanic \_\_\_ White \_\_\_ Pacific Islander \_\_\_ Other \_\_\_

**School Presently Attending:** \_\_\_\_\_ Address: \_\_\_\_\_

(School will be contacted for reference.) Number & Street City State Zip

Grade Child is in now: \_\_\_ Grade placement in Aug.: \_\_\_ Parish where your are registered: \_\_\_\_\_

**Are you a supporting member of St. Joseph Parish? Yes \_\_\_ No \_\_\_ Envelope # \_\_\_\_\_**

(Verification of financial contribution to the parish is required.)

**Mother/Guardian:**

**Father/Guardian:**

Relationship if other than mother: \_\_\_\_\_ Relationship if other than father: \_\_\_\_\_

Name: \_\_\_\_\_ (Maiden Name: \_\_\_\_\_) Name: \_\_\_\_\_

Employer/Company: \_\_\_\_\_ Employer/Company: \_\_\_\_\_

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

Title/Position: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Work Ph: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_ Work Ph: (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

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

Marital Status: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

**Brothers/Sisters Attending St. Joseph School:**

Name: \_\_\_\_\_ Grade in Aug.: \_\_\_\_\_ Name: \_\_\_\_\_ Grade in Aug.: \_\_\_\_\_

Name: \_\_\_\_\_ Grade in Aug.: \_\_\_\_\_ Name: \_\_\_\_\_ Grade in Aug.: \_\_\_\_\_

**How did you learn about our school?** \_\_\_\_\_

**Bills will be paid by:** \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Last name First Middle

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

Number & Street City State Zip

**Signature Required:** \_\_\_\_\_ **DATE:** \_\_\_\_\_