

School Application 2019-2020

Office Use Only:

			Application Received:			
	Evaluati			Date:		
Student's Last Name		Intent Mailed:				
			Intent Due	Back:		
			Check #	Amo	ount Paid	
Grade Level	\Box Alpha-K \Box K \Box 1 \Box 2	$\Box 3 \Box 4 \Box 5 \Box$	□6 □7	□8		
	Alpha-K students must be four years old before September 1st, 2019					
	Kindergartners must be five years old before September 1st, 2019 First graders must be six years old before September 1st, 2019					
Student	Last:	First:	ember 1st, 20	Middle:		
Birthday	Month:	Date:		Year:		
Baptism Baptism	Month:	Date:		Year:		
Daptism	Church of Baptism:	Date.		City:		
		I_				
First Communion		Date:		Year:		
	Church of First Commun	nion:		City:		
Father	Last:	First:		Middle:		
	Address:		City:	•	Zip:	
	Hm Phone:	Cell Phone:		Wk Phon	e:	
	Father's e-mail:	•		-		
	Father's Religion:		Place of	Birth:		
	Father's Occupation:					
Mother	Maiden / Last:	First:			Middle:	
	Address:	<u>'</u>	City:		Zip:	
	Hm Phone:	Cell Phone:		Wk Phon	e:	
	Mother's e-mail:					
	Mother's Religion:		Place of	f Birth:		
	Mother's Occupation:					
Parish	Home Parish:	City:				
Child Lives With:	☐ Both Parents	☐ Mother O	nly		Father Only	
	☐ Joint Custody	☐ Mother /S	tepfather		Father/ Stepmother	
Last School Attended	Name:	ame: City:				
Previous School Attended	Name: City:					

Please complete the above application in full and submit it with a \$25.00 application fee to St. Joseph Catholic School along with a copy of your child's Birth and Baptismal Certificate: