



Saint Joseph School  
*once a saint always a saint*

APPLICATION FOR ADMISSION 2017-2018

Name of School \_\_\_\_\_ School Year \_\_\_\_\_ Applying for Grade \_\_\_\_\_ If PreK:  1/2 Day  Full Day  
Will student be the only child at this school?  Yes  No Oldest Child at this school?  Yes  No  
If not oldest, name of oldest sibling at school \_\_\_\_\_ Grade \_\_\_\_\_

**Student Data**

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Nickname \_\_\_\_\_ Sex  Male  Female  
Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ City, State, Country of Birth \_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (country)  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_-\_\_\_\_-\_\_\_\_ Email for official school communication \_\_\_\_\_  
Primary language spoken in the home \_\_\_\_\_  
Religion (check one):  Catholic  Other

**For Catholic Applicants**

Baptism Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Church \_\_\_\_\_ City and State \_\_\_\_\_  
Reconciliation \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
First Eucharist \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
Confirmation \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_  
Parish currently registered at: \_\_\_\_\_

**Previous Schools Attended**

Name of School	Dates attended	Grades	City, State	Telephone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Public School System in which student resides \_\_\_\_\_  
Public School Child Would Attend \_\_\_\_\_

**Family Background**

Student Lives with: \_\_\_\_\_

**Mother/Female Guardian** \_\_\_\_\_

**Father/Male Guardian** \_\_\_\_\_

Full Name \_\_\_\_\_

Maiden Name \_\_\_\_\_

Country of Birth \_\_\_\_\_

Home Address \_\_\_\_\_

Home City, State, ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Email \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Religion \_\_\_\_\_

Parish \_\_\_\_\_

Marital Status (Circle) Married Separated Divorced\* \_\_\_\_\_

Widowed Single Remarried \_\_\_\_\_

*\*Appropriate custody paperwork MUST be attached.*

**Name and Address of person responsible for tuition/fees payment**

Name \_\_\_\_\_

If not a parent or guardian listed above, please complete:

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_

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

Email \_\_\_\_\_

**To be considered for admission, the following documents must accompany this application:**

1. Non-refundable application fee
2. Copy of Baptismal Certificate (Catholics only)
3. Original birth certificate must be presented to school personnel for verification prior to admission. (For those living outside the Northern Virginia area, please send a copy of the birth certificate with the mailed application and present the original upon arrival in the area.)
4. Immunization Record
5. Commonwealth of Virginia School Entrance Health Form (**Must be submitted prior to beginning of school year**)
6. Current year's report card, including comments, **and** two (2) previous academic year's report cards (if applicable)
7. Current standardized test scores plus the two previous years, if available
8. If your student has ever been suspended, dismissed, expelled, or not permitted to re-enroll at a school, please provide the name of the school and explain the reasons on a separate sheet of paper.
9. If applicable, provide a copy of your student's **Individualized Education Plan (IEP), 504 Plan, Special Education Child Study minutes, and/or a Student Assistance Plan (SAP)**. (We may request additional information from you to assist in determining if we can provide reasonable accommodations and an appropriate education for your child.)
10. If applicable, provide a copy of your student's custody decree.

I certify the information provided in this document to be true and accurate to the best of my knowledge.

Printed Name of Parent/Guardian \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

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

**Demographic Data**

The following information is optional and confidential. This information is used for our applications for Federal Grants and submissions to the National Catholic Educational Association's annual statistical analysis of Catholic schools in the United States. Please make a selection for **both** ethnicity and race.

- Student's ethnicity:  Hispanic/Latino  Other
- Student's race:  American Indian/Native Alaskan  Native Hawaiian/Pacific Islander  Black  Asian  White  Multi-Racial

**OFFICE USE ONLY:**

Application Date _____	Date Accepted _____
<input type="checkbox"/> Application Fee	<input type="checkbox"/> Birth Certificate
<input type="checkbox"/> Test Scores	<input type="checkbox"/> Custody Decree
<input type="checkbox"/> Confirmation of Parish Reg. Form	<input type="checkbox"/> In Parish
<input type="checkbox"/> ½ Day PreK	<input type="checkbox"/> Full Day PreK
Teacher/Advisor _____	Room Number _____
<input type="checkbox"/> Baptismal Certificate	<input type="checkbox"/> Immunization Record
<input type="checkbox"/> Scholastic Form	<input type="checkbox"/> Assessment/Interview
<input type="checkbox"/> Out of Parish	<input type="checkbox"/> Catholic
<input type="checkbox"/> Physical Form	<input type="checkbox"/> Report Cards
<input type="checkbox"/> Other/Non-Catholic	