

ST. JOSEPH'S REGIONAL SCHOOL

Andrew T. Currier, Principal

NEW STUDENT Application 2010-2011

Last Name _____

Grade Entering _____

Please complete entire application. There is a non-refundable application fee of \$250 per family. Kindergarten students must be 5 years of age by September 1, 2010. Your application **will not** be processed without the following:

_____ Birth Certificate _____ Standardized Testing Scores _____ Release of Records
_____ Immunization Record _____ Baptismal Certificate * _____ Application Fee
_____ Report Card _____ Parish Verification* _____

* if applicable

Student's Legal Name _____
(please print) First Middle Last

Student's Address _____
Street City State Zip Code

Home Phone _____ Student's Birth Date _____ Male ___ Female ___

Student's Previous School _____
Name Street City State Zip Code Phone

Student's Religion _____ U.S. Citizen: ___ Yes ___ No

Student's Race/Ethnicity (required by Title VI of the Civil Rights Act) American Indian ___ Asian ___ Black ___
Hispanic/Latino ___ Hawaiian/Pacific Islander ___ White ___ Multi-racial ___ Other ___

Student resides with _____ Relationship _____ Primary Language _____

Special Health conditions/allergies _____

Name of Female Head of Household _____ SSN _____

Relationship to Student _____ Religion _____

Address (if different from student's) _____

Occupation _____ Employed By _____

Work Phone _____ Cell Phone _____

Name of Male Head of Household _____ SSN _____

Relationship to Student _____ Religion _____

Address (if different from student's) _____

Occupation _____ Employed By _____

Work Phone _____ Cell Phone _____

(over please)

Student's Date of: **Baptism** _____ Church _____ City/State _____
First Communion _____ Church _____ City/State _____
First Penance _____ Church _____ City/State _____

How did you learn of St. Joseph's Regional School? (please check all that apply)

____ School Family ____ Web site ____ Newspaper
____ Open House ____ Parrish Bulletin ____ Road sign
____ Other explain: _____

Did you attend our Open House in January? ____yes ____ no

I/We are registered, supporting members of _____ parish using envelope number # _____

I certify the above information to be true.

Signature of Parent or Guardian	Parent or Guardian (Printed)	Date
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OFFICE USE ONLY

Accepted ____yes ____no
Grade _____
Acceptance notice sent on _____