



STUDENT APPLICATION

Preschool-8th Grade

Grade Applying for: _____
School Year Applying for: _____
Sibling of current student? Yes or No

STUDENT

Girl
Boy

Last Name First Name Middle Name

Address _____
Number Street Apt. No.
Home Phone () _____
City State Zip Code

Date of Birth _____ Is the student Catholic: Yes or No
Month Day Year If not Catholic, practicing religion if any: _____

Ethnicity: African American or Black Native Hawaiian or Pacific Islander
Please circle one. White Multiracial
(For statistical purposes only) American Indian or Alaska Native Hispanic or Latino
Asian Other

Student resides with: Mother Father Step-parent _____ Other _____

Primary language spoken at home: _____

Does your student have an IEP or 504? Yes or No *If yes, please include a copy with this application.*

Does your child have any special learning challenges or needs? Yes or No *If yes, please explain below.*

Schools Previously Attended:

Dates Grades School City State

Dates Grades School City State

FAMILY

How did you learn about St. Joseph School? _____

Why do you want your child to attend St. Joseph School? _____

Mother's Name: _____

Father's Name: _____

Last First Middle (Maiden)

Last First Middle

Marital Status _____

Marital Status _____

Home Phone () _____

Home Phone () _____

Cell Phone () _____

Cell Phone () _____

Work Ph. () _____

Work Ph. () _____

E-Mail Address _____

E-mail Address _____

Occupation _____

Occupation _____

Employer _____

Employer _____

Catholic: Yes or No Parish: _____

Catholic: Yes or No Parish: _____

Will you be applying for Tuition Assistance? Yes or No
Applying for Tuition Assistance does not guarantee a Tuition Award.

Please complete both sides of the application

APPLICANT'S SIBLINGS:

_____ Age _____ _____ Age _____

_____ Age _____ _____ Age _____

ADMISSIONS POLICY

St. Joseph School admits students of any race, color, national and ethnic origin in administration of its educational policies, admission policies, financial policies, and athletic and other administered programs.

APPLICATION CHECK LIST (We need the following items in order to process your application.)

- Non-Refundable Application Fee of \$25.00 per family (credited toward family registration fee)
- Teacher Recommendation Form from your student's current teacher faxed to the school, if applicable
- Copy of government issued Birth Certificate
- Copy of Baptismal Certificate, if applicable
- Certificate of Immunization: *Beginning Fall 2020, prior to entry, attendance or transfer to a Catholic preschool through 8th grade in the Archdiocese of Seattle, students must present proof of having had the immunizations as required by Washington State law.*

Applying to St. Joseph School does not guarantee enrollment.

All Kindergarten students must have reached their fifth birthday on or before August 31.

Parent Signature Date Parent Signature Date

| | | |
|-----------------------------------|------------------------|----------------------------|
| OFFICE USE ONLY | | |
| Date Received _____ | Application Fee: _____ | Reg. Fee: _____ |
| Sibling of Current Student? _____ | Entering Grade _____ | Date Student begins: _____ |