

St. Joseph Catholic School

2617 Waterloo Rd, Mogadore, Ohio 44260-9402

330-628-9555

Email: stjoeelemmogadore@youngstowndiocese.org

Website: www.stjosephschoolrandolph.org

Application for School Registration (NEW Student): 2019-2020

This application will be considered complete only when all required supporting data (noted on the reverse side) is attached.

STUDENT DATA

Name _____
(Last) (First) (Middle)
Address _____
City _____ Zip _____
Phone _____ email _____
Lives with: ___ Parents ___ Mother ___ Father ___ Legal Guardian
Birthdate _____ Male ___ Female ___
Religion _____
Church/Parish _____
Active Parishioner ___ Non-Active Parishioner ___
Proposed Entry Grade _____
Proposed Entry Date _____
Home is in what Public School District: _____

PARENTS/GUARDIAN DATA

Father _____
(Last) (First)
Religion _____
Marital Status _____
Mother _____
(Last) (First)
Religion _____
Marital Status _____
Address of each, if different than student address.
Father _____
Phone _____ email _____
Mother _____
Phone _____ email _____
OCCUPATION:
Father _____
Address _____
Phone _____
Mother _____
Address _____
Phone _____

SCHOOL LAST ATTENDED

School _____
Address _____
City _____
State _____ zip _____
Grade at time of withdrawal _____
Reason for transfer _____

DOES THIS STUDENT HAVE ANY SPECIAL EDUCATIONAL OR PHYSICAL NEEDS? YES ___ NO ___ (If "yes" attach a complete description)

ALL SCHOOLS ATTENDED BY THIS STUDENT MUST BE LISTED ON THE REVERSE SIDE

SACRAMENTAL RECORD

| | PARISH | CITY | DATE |
|----------------|--------|-------|-------|
| BAPTISM | _____ | _____ | _____ |
| EUCCHARIST | _____ | _____ | _____ |
| RECONCILIATION | _____ | _____ | _____ |
| CONFIRMATION | _____ | _____ | _____ |

Date of Application _____

**DIOCESE OF YOUNGSTOWN
OFFICE OF CATHOLIC SCHOOLS
OFFICIAL APPLICATION FORM**

LIST ALL SCHOOLS PREVIOUSLY ATTENDED BY THIS STUDENT AND THE REASON FOR WITHDRAWAL.

| SCHOOL | ADDRESS | DATE OF WITHDRAWAL | REASON FOR WITHDRAWAL |
|--------|---------|--------------------|-----------------------|
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All Application Materials Received:

- _____ Baptismal Record
- _____ Birth Certificate
- _____ Medical Immunization Record
- _____ Records from all previous schools
- _____ Custody Documentation**
- _____ Immigration & Naturalization Service Information**
- _____ Parishioner Certification/ Verification **
- _____ Registration Fee
- _____ Special Educational or Physical Needs Description**

**** If Applicable**

By submitting this application I certify that all the above information is true and complete. I recognize and will meet my financial obligations to the school, tuition and prepayment, that are charged for the education of my child.

Parent Signature _____

Date _____

FOR ADMINISTRATIVE USE ONLY

To be signed by the principal when all application materials are received.

Entry Date _____

Principal Signature _____

Date _____