



ST. JOSEPH
CATHOLIC SCHOOL

APPLICATION FOR SCREENING/ADMISSION: 2010-11

Student name: _____
Last First Middle

Student information: _____
Age DOB [Month/Date/Year] Male/Female

Grade Applying For _____ School currently attending _____

School[s] previously attended [including Pre-school programs] _____

Father's Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Contact: _____
Home Phone Cell Phone Work Phone Email

Mother's Name: _____
Last First Middle

Mailing Address: _____
Street City State Zip

Contact: _____
Home Phone Cell Phone Work Phone Email

Marital Status: Married Divorced Other

Are you Catholic? Yes No

If you are not Catholic, write in your religious affiliation
and the name of the church you normally attend.

If you are Catholic, which parish are you registered in?
