



ST. JOSEPH
CATHOLIC SCHOOL

APPLICATION FOR ADMISSION

2018-2019

OFFICE USE ONLY	
Date	_____
Fee	_____
Check #	_____

Please return this Application for Admission with a \$150 application fee per student to the school office.

Application for Grade: K 1 2 3 4 5 6 7 8

Date of Application _____

TO BE COMPLETED BY PARENT/GUARDIAN (PLEASE PRINT, ONE FORM PER STUDENT)

Student Name: _____
LAST NAME FIRST NAME MIDDLE NAME

Primary Address: _____
STREET CITY STATE ZIP

Primary Phone: _____ Gender: M / F

Date of Birth: _____ (Please provide Birth Certificate) Place of Birth: _____

Catholic: Yes / No (If yes, please provide copy of Baptismal Certificate) Parish: _____

School Student Currently Attends: _____ Current Grade: _____

<input type="checkbox"/> Father <input type="checkbox"/> Stepfather <input type="checkbox"/> Guardian <i>(please check one)</i> _____ LAST FIRST MIDDLE Address: _____ (IF DIFFERENT FROM ABOVE) _____ CITY STATE ZIP Phone: _____ Cell: _____ Email: _____ Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased Place of Birth: _____ Religion: _____ Parish _____ Occupation: _____ Employer: _____ Work Phone: _____ Work Email: _____	<input type="checkbox"/> Mother <input type="checkbox"/> Stepmother <input type="checkbox"/> Guardian <i>(please check one)</i> _____ LAST FIRST MIDDLE Address: _____ (IF DIFFERENT FROM ABOVE) _____ CITY STATE ZIP Phone: _____ Cell: _____ Email: _____ Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Deceased Place of Birth: _____ Religion: _____ Parish _____ Occupation: _____ Employer: _____ Work Phone: _____ Work Email: _____
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TO BE COMPLETED BY PARENT/GUARDIAN (PLEASE PRINT)

NAME OF SIBLING	M/F	AGE	CURRENT GRADE	CURRENT SCHOOL	APPLYING TO SJCS IN 2017-2018
	<input type="checkbox"/> M / <input type="checkbox"/> F				<input type="checkbox"/> Yes / <input type="checkbox"/> No
	<input type="checkbox"/> M / <input type="checkbox"/> F				<input type="checkbox"/> Yes / <input type="checkbox"/> No
	<input type="checkbox"/> M / <input type="checkbox"/> F				<input type="checkbox"/> Yes / <input type="checkbox"/> No
	<input type="checkbox"/> M / <input type="checkbox"/> F				<input type="checkbox"/> Yes / <input type="checkbox"/> No

Is the applicant a child of an alum? Yes No

If yes, mother's maiden name/father's name: _____ Year graduated: _____

Do you know anyone currently attending or who has attended St. Joseph Catholic School? Yes / No

If yes, please complete the following:

 NAME (PLEASE PRINT) M / F GENDER RELATIONSHIP TO STUDENT DATES ATTENDED

 NAME (PLEASE PRINT) M / F GENDER RELATIONSHIP TO STUDENT DATES ATTENDED

How did you hear about St. Joseph School _____

If parents are separated or divorced, who has legal custody of applicant? _____

With whom does the applicant live? _____
IF DIFFERENT FROM THE FRONT PAGE, LIST ADDRESS AND PHONE #

 STREET CITY STATE ZIP PHONE #

Who is responsible for all tuition and fees? _____

Who should receive all school correspondence? Parent(s)/Guardian(s) with whom student lives
 Other, please list _____

The following information is used in the annual Archdiocesan Office of Catholic Schools Report:

1. ETHNICITY: Are you of Hispanic or Latino Heritage? Yes / No

2. RACE: Asian White Multi-Racial American Indian/Native Alaskan Black/African American
 Native Hawaii/Pacific Islander Other

Is the applicant a U.S. citizen? Yes / No

What is your son/daughter's native language? _____ What language is spoken at home? _____

Please check one category regarding your status for enrollment to St. Joseph Catholic School:

ST. JOSEPH PARISHIONERS:

- We are a **current** St. Joseph Parish Family and request enrollment with a parish subsidy. In order to qualify for a parish subsidy, a family will be Catholic and registered at St. Joseph Parish, participate in weekly Mass, complete an annual stewardship card, contribute as pledged, and actively participate in church activities/ministries. **(It is the responsibility of each family to deliver the Family Stewardship Form to the parish office.)** I understand that I will be charged the full tuition rate if our request is denied.
- We are **new** to St. Joseph Parish because we have moved from another Catholic parish. We understand that in order to receive subsidized tuition we must request a letter from our previous pastor indicating that we were active parishioners at our previous parish. I understand that I will be charged the full tuition rate if our request is denied from our previous parish. Name and location of previous parish: _____
- We are **new** to St. Joseph Parish and are not transferring from another Catholic parish. We understand that we will need to be a member of St. Joseph for one year before being eligible to receive subsidized tuition.

PARISHIONERS FROM SURROUNDING PARISHES:

- We are a **current** Holy Redeemer, St. James, St. John, St. Thomas or Sacred Heart Parish family **(please circle one)** and request enrollment as an active parishioner **(It is the responsibility of each family to deliver the Family Stewardship Form to their own parish)**. I understand that I will be charged the full tuition rate if our request is denied from said parish.
- We are **new** to Holy Redeemer, St. James, St. John, St. Thomas or Sacred Heart Parish (please circle one) and request enrollment as an active parishioner **(It is the responsibility of each family to deliver the Family Stewardship Form to their own parish)**. I understand that I will be charged the full tuition rate if our request is denied from said parish.

NON-PARISHIONERS:

- We are **new** to St. Joseph Catholic School and request enrollment as a non-parishioner.

My signature below confirms that I have accurately represented my family and child on this application and on the student information form. In addition, it acknowledges that I have read the back of this application – the mission statement, philosophy, schoolwide learning expectations, statement on the school’s Catholic identity, and non-discrimination policy – and will support them should my child attend the school.

SIGNATURE OF PARENT/GUARDIAN: _____ **DATE:** _____

To complete your application to St. Joseph Catholic School, please arrange to submit:

- A completed Student Information Form
- A copy of your child’s birth certificate
- A copy of your child’s baptismal certificate (if Catholic)
- Your child’s latest standardized test scores (if a test was administered by his/her current school)
- A copy of your child’s latest report card or cumulative card (for grade 1-8 applicants only)
- Any record of special services your child is receiving or has received (if applicable)
- A \$150 application fee attached to the application

PLEASE DROP OFF OR MAIL THIS APPLICATION TO: **St. Joseph Catholic School**
Attn: Admissions
6500 Highland Drive
Vancouver, WA 98661

If you need to make any changes to the information provided on this application (address, email, phone, siblings, etc.), please call 360.696.2586 to notify our school office.

ST. JOSEPH CATHOLIC SCHOOL

MISSION

St. Joseph Catholic School, centered in Gospel values, partners with our families and parish community to develop the spiritual, academic, and social growth of each student.

PHILOSOPHY

St. Joseph Catholic School, as a ministry of St. Joseph Parish, is a Catholic community where we live and learn together spiritually, academically and socially. We affirm that parents are primary educators of their children, and we teach students to work to their potential. We value the unique talents of each child and recognize that everyone contributes to a positive and service-filled faith community. As facilitators of learning, we will:

- SPIRITUALLY
 - build a community based on Gospel values
 - cultivate an awareness of each individual's gifts
 - encourage the practice of the faith including prayer and active participation in liturgical life
- ACADEMICALLY
 - establish and maintain high expectations and standards
 - support students to work to their full potential
 - promote independent and cooperative learning and develop critical thinking skills
- SOCIALLY
 - instill a respect for self and others demonstrated through actions, words and service
 - encourage physical wellness and emotional wellbeing
 - provide education and opportunities for responsible participation in local and global communities

St. Joseph Catholic School is a faith-based educational community that nurtures each student as a child of God.

ST. JOSEPH CATHOLIC SCHOOL SCHOOLWIDE LEARNING EXPECTATIONS (SLEs):

SPIRITUAL GROWTH: A St. Joseph Catholic School student is a faith-filled individual who:

- Demonstrates knowledge of the teachings and traditions of the Catholic Church
- Participates in prayer, Mass, and rituals of the church
- Serves others in local and global community

ACADEMIC GROWTH: A St. Joseph Catholic School student is a lifelong learner who:

- Actively participates in learning
- Understands and applies concepts
- Demonstrates problem solving and critical thinking skills
- Communicates ideas clearly and effectively

SOCIAL GROWTH: A St. Joseph Catholic School student is a well-rounded person who:

- Respects self and others
- Accepts responsibility for actions
- Attempts to solve problems

STATEMENT ON OUR SCHOOL'S CATHOLIC IDENTITY

We are a Catholic school within the Archdiocese of Seattle. As part of our school program, all students study our religion curriculum, pray with the school community, attend and participate in school liturgies through prayer and song, and learn and practice Catholic values.

STATEMENT OF NON-DISCRIMINATION

The Catholic Schools of the Archdiocese of Seattle admit students of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to all the schools. St. Joseph Catholic School does not discriminate on the basis of race, color, national, or ethnic origin in administration of its educational policies, admissions policies, athletics, and other school-administered programs.