



ST. JOSEPH
CATHOLIC SCHOOL

APPLICATION FOR ADMISSION 2019-2020

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

TO BE COMPLETED BY PARENT/GUARDIAN (PLEASE PRINT)

APPLYING TO
SJCS
IN 2019-2020

NAME OF SIBLING	M/F	AGE	CURRENT GRADE	CURRENT SCHOOL	
	<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:

_____	<input type="checkbox"/> M / <input type="checkbox"/> F	_____	_____
NAME (PLEASE PRINT)	GENDER	RELATIONSHIP TO STUDENT	DATES ATTENDED
_____	<input type="checkbox"/> M / <input type="checkbox"/> F	_____	_____
NAME (PLEASE PRINT)	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 If yes, choose country of origin:
 Mexico Cuba Dominican Republic Puerto Rico Central America
 Latin America

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 a parish subsidy. We understand that to qualify, we must be Catholic, 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 the family to deliver the Stewardship Form to the parish office.)** We understand that we 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. We understand that we 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 or new** 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)**. We understand that we 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.

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 program.

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 statement on our 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)
- A copy of your child's current Immunization records
- 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 (IEP, 504 plan, etc)
- A \$150 application fee attached to the application

