

Application/Emergency Form 2016-2017

Saint Joseph Catholic School

OFFICE USE: Application Fee: \_\_\_\_\_ Registration Fee: \_\_\_\_\_ Material/Digital Fee: \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone # \_\_\_\_\_ Gender M/F \_\_\_\_\_

Student lives with: Mom/Dad ( ) Mother ( ) Father ( ) Mom/Step-Dad ( ) Dad/Step-Mom ( ) Other ( )

Ethnicity: American Indian/Native Alaskan \_\_\_\_\_ African American \_\_\_\_\_ Hispanic \_\_\_\_\_ Asian/Pacific Islander \_\_\_\_\_

White \_\_\_\_\_ Other \_\_\_\_\_ Birth: \_\_\_\_\_ Date \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Religion: \_\_\_\_\_ Registered Parish \_\_\_\_\_

Baptism Date \_\_\_\_\_ Communion Date \_\_\_\_\_ Confirmation Date \_\_\_\_\_ Reconciliation Date \_\_\_\_\_

Last School Attended: \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Does the child need any special learning needs or require accommodations in the classroom environment? Yes No

Does the child have any IEP in place for his learning needs? Yes No

If yes to either question please explain why: \_\_\_\_\_

Does the student have a first language other than English? Yes No If yes, what language? \_\_\_\_\_

How did you hear about us? Next Gen Ad \_\_\_\_\_ Flyer \_\_\_\_\_ Church Bulletin (what parish) \_\_\_\_\_ Other \_\_\_\_\_

Is the child toilet trained? (PK-K) Yes No Working on it

List any brothers or sisters who attend Saint Joseph Catholic School \_\_\_\_\_

Father/Guardian Name \_\_\_\_\_ Title (Dr., Ms., Mrs.) \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Cell Phone \_\_\_\_\_ Additional Report Y/N \_\_\_\_\_

Address (If different than above) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father/Guardian Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Mother/Guardian Name \_\_\_\_\_ Title (Dr., Ms., Mrs.) \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Cell Phone \_\_\_\_\_ Additional Report Card Y/N \_\_\_\_\_

Address (If different than above) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Mother/Guardians Employer \_\_\_\_\_ Work Phone # \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Phone \_\_\_\_\_

Please list in order who you would like us to call for an illness or emergency.

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

Phone \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Please list the names of any additional persons allowed to pick up the above child for illness and/or car pick up. Please notify us of any change. We will not release any student to anyone who is not listed below.

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HEALTH INFORMATION: List any significant facts concerning the above child such as asthma, serious illness and allergies.

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Responsibility for EMERGENCY TREATMENT will be assumed by the parent:

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### Full Disclosure Statement

In order to be considered for admission into Saint Joseph Catholic School, **full disclosure** is required of the student's academic standing, behavioral conditions and history, medical conditions and history, and legal custody situation (additional information may be requested). I certify that I have made honest and complete disclosure in all areas, and that I understand that I must keep the school informed of any changes in the student's situation in these areas immediately. Failure to do so could result in immediate loss of enrollment for my child at the school. I further certify that I have legal authority to sign this form and enroll this student in the school upon an offer of admission.

Print Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Relationship to Student \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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