



Student Application

2018/19 School Year

1910 San Antonio Avenue, Alameda, CA 94501 | 510-995-9415 | www.stjosephalameda.org

Thank you for applying to St. Joseph Elementary School. Please fill out one application per child. Complete all sections, indicating "n/a" if something does not apply. Please print, enclose a \$75 application/testing fee and return to the school office.

GRADE APPLYING FOR: _____

STUDENT INFORMATION

Child's Name:

_____ last name first name middle

Address:

_____ number and street name city state zip

Home Phone: () _____

Gender: M F Age: _____ Date of Birth: _____ Place of Birth: _____

Child's Religion: _____ Baptism: ____/____/____ Church: _____ name/city/state/country

First Communion: ____/____/____ Church: _____ name/city/state/country

Child is presently living with:

- both natural parents mother and stepfather father and stepmother
 single parent mother single parent father other- please explain

If shared custody, please explain custody arrangement:

Were you referred to St. Joseph Elementary School by one of our current families?

Family Name: _____

How did you hear about St. Joseph Elementary School? (Check all that apply.)

- Parish Bulletin Friend Preschool Newspaper Website Other _____

FAMILY INFORMATION

Father/Guardian:

Mother/Guardian

First Name:

Last Name:

Address:

City, State, Zip:

Email Address:

Home Phone:

Cell Phone:

Business Phone:

Occupation:

Employer:

Religion:

Alumni?

Yes _____ (year) No

Yes _____ (year) No

US Citizen:

Yes No

Yes No

Sibling(s) (Name, Age & School of Attendance):

Are you currently registered with a parish? Yes No

If yes, which parish?

ACADEMIC INFORMATION

Please include preschool through current schooling

| | Years: _____ - _____ | Years: _____ - _____ | Years: _____ - _____ |
|---------------------|----------------------|----------------------|----------------------|
| Name of School | | | |
| Address | | | |
| Grades attended | | | |
| Reason for Leaving: | | | |

Has your child been retained: Yes No If yes, what grade? _____

Has your child ever been identified or tested for special needs? Yes No

(If yes, please check box(es) below and attach copies of formal educational assessment, and IEP's)

Attention Auditory Learning Speech Visual Other

Has your child ever experienced any behavioral or disciplinary issues? Yes No (If yes, please explain)

Why are you considering moving your child from his/her current school? (Grade 1-8 only)

For your child's safety, does he/she have any medical conditions we should be aware of? Yes No

If yes, please indicate:

Is there any other information you would like to share?

I certify that the enclosed information is correct to the best of my knowledge.

Father/Guardian signature: _____ Date: _____

Mother/Guardian signature: _____ Date: _____

St. Joseph does not discriminate on the basis of race, color, national or ethnic origin, age, sex or disability in the admission of students or the administration of educational policies, scholarships and other school-administered programs.

For office use only:

Date Paid _____ Test Date _____ Time _____