



# 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
- single parent mother
- mother and stepfather
- single parent father
- father and stepmother
- 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:**

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**Last Name:**

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**Address:**

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**City, State, Zip:**

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**Email Address:**

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**Home Phone:**

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**Cell Phone:**

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**Business Phone:**

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**Occupation:**

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**Employer:**

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**Religion:**

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**Alumni?**

Yes \_\_\_\_\_ (year)  No

Yes \_\_\_\_\_ (year)  No

**US Citizen:**

Yes  No

Yes  No

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

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**Are you currently registered with a parish?**  Yes  No

If yes, which parish?

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## 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)

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

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

If yes, please indicate:

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**Is there any other information you would like to share?**

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*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 \_\_\_\_\_