



St. Joseph Catholic School

STUDENT APPLICATION 2015-2016

STUDENT APPLICATION INFORMATION (Please Print All Information)

#1 Student Applicant

Student's Last Name: _____ Student's First Name: _____

Student's Middle Name: _____ Student's Preferred Name: _____

Grade Entering: K 1 2 3 4 5 6 7 8

Male: _____ Female: _____ Current Age: _____ Date of Birth: _____ Current Grade: _____

Catholic: _____ Non-Catholic: _____ Please Indicate Religion: _____

School Currently Attending: _____ School Phone#: _____

All Schools Previously Attended: _____

#2 Student Applicant

Student's Last Name: _____ Student's First Name: _____

Student's Middle Name: _____ Student's Preferred Name: _____

Grade Entering: K 1 2 3 4 5 6 7 8

Male: _____ Female: _____ Current Age: _____ Date of Birth: _____ Current Grade: _____

Catholic: _____ Non-Catholic: _____ Please Indicate Religion: _____

School Currently Attending: _____ School Phone#: _____

All Schools Previously Attended: _____

FAMILY APPLICATION INFORMATION

Primary Home Address: _____

Primary Home Phone #: _____ Primary Email Address: _____

Father's Name: _____

Address (if different from Student): _____

Occupation/Employer: _____ Religion: _____

Father's Email Address: _____ Father's Cell #: _____

Mother's Full Name (Maiden): _____

Address (if different from Student): _____

Occupation/Employer: _____ Religion: _____

Mother's Email Address: _____ Mother's Cell #: _____

Guardian's Name: _____ Relationship to Student(s): _____

Address (if different from Student): _____

Occupation/Employer: _____ Religion: _____

Email Address: _____ Cell #: _____

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St. Joseph Catholic School

11610 Atwood Road • Auburn, CA 95603 • ph (530) 885-4490 • fax (530) 885-0182
info@saintjosephauburn.org • www.saintjosephauburn.org



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ADDITIONAL STUDENT APPLICANT AND FAMILY INFORMATION

Primary Language Spoken at Home: _____

Parent Status (circle): Married Divorced Separated Father Remarried Mother Remarried

Student lives with (circle): Mother Father Stepmother Stepfather Guardian

Faith Participation: ___ Active St. Teresa Parishioner ___ Active St. Joseph Parishioner

___ Active Catholic in another Parish ___ Non-Active Catholic/Non Catholic Parish of Registration: _____

Please share with the Admissions Committee at St. Joseph Catholic School anything that would assist us in making an informed decision concerning your child. (Please use separate pieces of paper, if needed)

What is your reason for selecting St. Joseph Catholic School? _____

How did you learn about St. Joseph Catholic School? _____

Were you refereed by someone? If so by who?: _____

Names of relatives now or formerly associated with St. Joseph Catholic School

Name: _____ Relationship to Child/Family: _____

REQUIRED DOCUMENTATION

The following documents must accompany your application:

___ Birth Certificate (Copy) ___ Baptismal Certificate (Copy) ___ Kindergarten Physical Exam

___ Immunization Record ___ Recent Report Card (for Students 1st through 7th Grade Applications)

Parent/Guardian Signature

Print Name

Date

OFFICE USE ONLY

___ Application Received ___ Kindergarten Physical Exam ___ Immunization Record ___ Baptismal Certificate

___ Birth Certificate ___ Recent Report Card ___ Accepted ___ Waiting List

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