

APPLICATION FOR ADMISSION

ST. JOSEPH CATHOLIC SCHOOL



Submit Application Materials to:
St. Joseph Catholic School
123 Franklin St.
Petersburg, VA 23803-3307

Date: _____

The application/registration fee of **\$200.00** must accompany this completed form.

<i>Applicant's Last Name</i>	<i>First</i>	<i>Middle</i>	<i>Preferred Name</i>	
<i>Street Address</i>	<i>City, State and Zip</i>		<i>Home Telephone</i>	
<i>Date of Birth</i>	<i>Age</i>	<i>Ethnicity</i>	<i>Social Security #</i>	<i>Is applicant a U.S. citizen?</i>
<input type="checkbox"/> Male <input type="checkbox"/> Female				
<i>Present Grade (if applicable)</i>	<i>Public School District</i>		<i>Public School Zoned To</i>	

PARENT INFORMATION:

<i>Father's Title</i>	<i>Last Name</i>	<i>First</i>	<i>Middle</i>	<i>Preferred Name</i>
<i>Street Address</i>	<i>City, State and Zip</i>		<i>Email Address</i>	
<i>Home Phone #</i>	<i>Cell Phone #</i>	<i>Cell Phone #</i>	<i>Occupation</i>	
<i>Work Address</i>	<i>City, State and Zip</i>			

<i>Mother's Title</i>	<i>Last Name</i>	<i>First</i>	<i>Middle</i>	<i>Preferred Name</i>
<i>Street Address</i>	<i>City, State and Zip</i>		<i>Email Address</i>	
<i>Home Phone #</i>	<i>Cell Phone #</i>	<i>Cell Phone #</i>	<i>Occupation</i>	
<i>Work Address</i>	<i>City, State and Zip</i>			

Applicant Lives with: Mother and Father Mother Father Other

<i>Step-Parent/Guardian's Title</i>	<i>Last Name</i>	<i>First</i>	<i>Middle</i>	<i>Preferred Name</i>
<i>Street Address</i>		<i>City, State and Zip</i>		<i>Email Address</i>
<i>Home Phone #</i>	<i>Cell Phone #</i>	<i>Cell Phone #</i>	<i>Occupation</i>	
<i>Work Address</i>		<i>City, State and Zip</i>		

Is the applicant's tuition rate based on the grand-parent's registration at St Theresa Catholic Church: No Yes
(If so: Maternal Paternal)

<i>Grandparent(s)' Title</i>	<i>Last Name</i>	<i>First</i>	<i>Middle</i>	<i>Preferred Name</i>
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FAMILY INFORMATION:

Religion of Applicant's Father: _____ Religion of Applicant's Mother: _____

Religion of Applicant: _____ If Catholic, Registered Parish: _____

Does Applicant have siblings currently enrolled at the Catholic School? Yes No If yes, who? _____

Does Applicant have siblings applying to the Catholic School? Yes No If yes, who? _____

Baptism date _____	Place _____
Reconciliation date _____	Place _____
1 st Communion date _____	Place _____
Confirmation Date _____	Place _____

What language is spoken in your home most of the time? English Spanish Other: _____

What other language is spoken in your home? _____

What language does the applicant speak most of the time? _____

MEDICAL INFORMATION:

Has your child had educational or diagnostic testing? Yes No

If yes, please explain: _____

Please describe any illness, diseases, psychological issues, or physical disabilities, which have affected or may affect your child's health, schoolwork, or participation in the school's athletic program.

Is your child currently on any medication? Yes No If yes, which? _____

PARENT QUESTIONNAIRE: PRE-K3 AND PRE-K4

Please help us get to know your child by completing the questionnaire below. The responses will remain confidential and will be viewed only by school administrators and teachers. Providing false information and/or withholding information will be grounds for dismissal of a student without a refund.

Applicant's Name: _____ **Grade Applying For:** _____

PLEASE ANSWER THE QUESTIONS THAT APPLY TO YOUR CHILD:

1. The things my child does that please me most are: _____
2. The things my child does or does not do that worry me most are: _____
3. The activities my child and I do together are: _____
4. My child has allergies to: _____
5. My child has (or had) the following medical problems: _____
6. My child began to talk at _____ months and walk at _____ months.
7. My child has some difficulty no difficulty with verbal expressions.
8. My child was full term premature (by _____ weeks).
9. My child is completely toilet trained partially toilet trained not toilet trained.
10. My child sleeps through the night frequently wakes up.
11. My child is independent dependent for his/her age.
12. Check any area that applies to your child. My child:
 - has tantrums
 - is not able to accept limits
 - resists rules
 - is destructive with toys
 - is fearful a lot
 - does not separate easily
 - does not play with other children
 - has unclear speech
 - needs instructions repeated often
 - gives inappropriate answers
 - has difficulty dressing
 - requires assistance going to the bathroom
 - squints
 - wants to sit close to TV
 - acts much younger than age
 - afraid to climb
 - falls or bumps into things
 - has difficulty using crayons
 - has difficulty using scissors
 - does not like puzzles
 - has difficulty catching a ball
 - has difficulty throwing a ball
 - has had numerous ear infections
 - wears hearing aid
 - has difficulty following routines

- is easily distracted
- takes medication on a regular basis
- has a short attention span
- other handicap or medical condition
- darts from one task to another, specify: _____
- wears glasses
- has other vision difficulties, specify: _____

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

14. What interests you the most about St. Joseph Catholic School? _____

15. Do you foresee using Extended Day Care? Yes No

16. Please include any additional information which you feel might be helpful to us: _____

I certify that, to the best of my knowledge, the above information is true.

Parent or Guardian Signature: _____ DATE: _____

Applicant's Academic History

Applicant's Name: _____ Grade Applying For: _____

GRADE	SCHOOL YEAR	SCHOOL NAME
Pre-Kindergarten		
Kindergarten		
First		
Second		
Third		
Fourth		
Fifth		
Sixth		
Seventh		
Eighth		

Applicant's current or most recent school _____ Grades attended _____

Address _____ Phone # _____

Has your child ever been suspended or asked to leave any school Yes No If yes, please explain:

Please help us get to know your child by completing the questionnaire below. The responses will remain confidential and will be viewed only by school administrators and teachers. Providing false information and/or withholding information will be grounds for dismissal of a student without a refund.

- Has your child ever been in a speech therapy program? _____
 If yes, indicate grade(s) in which student was in the program: _____
- Has your child ever been in an ESL or bilingual program? _____
 If yes, indicate grade(s) in which student was in the program: _____
- Has your child ever been in a gifted and talented and/or honors program? _____
 If yes, indicate grade(s) in which student was in the program: _____
 Subjects: _____
- Has your child ever skipped a grade? _____ If yes, indicate the grade(s) skipped: _____
- Has your child ever been retained? _____ If yes, indicate the grade(s) retained: _____

6. Has your child experienced academic difficulty? _____

If yes, please explain: _____

7. Has your child ever been in a remedial and/or tutoring program? _____

If yes, indicate grade(s) and academic areas in which your child was in the program: _____

8. Has your child ever been tested for a learning disability or difference? _____

If yes, please indicate grade level tested: _____

Result of testing: _____

9. Has your child ever been in a special education program? _____

If yes, indicate grade(s) in which student was in the program: _____

Types of classes: _____

10. Does your child presently have an Individualized Educational Plan (IEP)? _____

11. Has your child ever been in a modified and/or basic program? _____

If yes, indicate grade(s) in which student was in the program: _____

Chapter I services: _____

12. Check any areas that apply to your child:

- | | |
|--|---|
| <input type="checkbox"/> acts much younger than age | <input type="checkbox"/> acts much older than age |
| <input type="checkbox"/> is self motivated/independent | <input type="checkbox"/> follows directions accurately |
| <input type="checkbox"/> completes tasks with little assistance | <input type="checkbox"/> uses time efficiently |
| <input type="checkbox"/> accepts responsibility | <input type="checkbox"/> accepts limits and rules |
| <input type="checkbox"/> accepts consequences for behavior | <input type="checkbox"/> is argumentative with adults/authority |
| <input type="checkbox"/> is aggressive | <input type="checkbox"/> is overactive and impulsive |
| <input type="checkbox"/> has difficulty completing homework assignments in a reasonable time limit | |
| <input type="checkbox"/> follows group norms and social rules | |

is athletic Special areas: _____

is artistic Special areas: _____

has visual difficulties Specify: _____

has hearing difficulties Specify: _____

has physical impairments Specify: _____

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

14. What interests you the most about St. Joseph Catholic School? _____

15. Do you expect to use Extended Day? Yes No

16. Please include any additional information which you feel might be useful to us: _____

I certify that, to the best of my knowledge, the above information is true.

Parent or Guardian Signature: _____ Date: _____