

SAINT JOSEPH



CATHOLIC SCHOOL

ST. JOSEPH CATHOLIC SCHOOL  
ADMISSION APPLICATION  
2010-2011

Date completed: \_\_\_\_\_

Grade entering: (circle one) Pre-K K 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup> 4<sup>th</sup> 5<sup>th</sup>

Name of Student: \_\_\_\_\_  
Last First Middle

Preferred Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female  
month day year

Custodial Parent/s or Guardian Name/s: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parish: (circle one) St. Francis Xavier St. Gregory the Great

Other Catholic \_\_\_\_\_  
Parish

Non-Catholic \_\_\_\_\_  
Faith Denomination/Church

ETHNIC ORIGIN: Please check only one that applies to the child (for statistical purposes only) \_\_\_ Native American \_\_\_ Asian \_\_\_ Pacific Islander  
\_\_\_ African American \_\_\_ Hispanic \_\_\_ Caucasian \_\_\_ Multi-Racial \_\_\_ Other

STUDENT RESIDES WITH:

\_\_\_ Both Parents \_\_\_ Father \_\_\_ Mother \_\_\_ Guardian \_\_\_ Father/Stepmother  
\_\_\_ Mother/Stepfather

**continued on back**

**PARENT INFORMATION:**

*Mother*  *Stepmother*  *Guardian*

Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Occupation: \_\_\_\_\_

Registered Practicing Catholic  Other

*Father*  *Stepfather*  *Guardian*

Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Position/Occupation: \_\_\_\_\_

Registered Practicing Catholic  Other

**PREVIOUS SCHOOLS ATTENDED:** \_\_\_\_\_

**SIBLINGS:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ School Attending: \_\_\_\_\_

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**New Applicants Must Enclose:**

**Copy of Birth Certificate**

**Immunization Records**

**If Catholic, Sacramental Records (Baptism, Reconciliation, and/or Communion)**

**\$75 Registration Fee**

\_\_\_\_\_  
**Parent/Legal Guardian's Signature**

\_\_\_\_\_  
**Date**

**RETURN APPLICATION AND NON-REFUNDABLE APPLICATION FEE TO:  
St. Joseph Catholic School, 110 N. Madison, Enid, OK 73701**