



# St. Joseph School Application Form K-8

Office Use Only	
Date Rec'd	_____
Check #	_____
Amount	\$ _____
Acceptance	<input type="checkbox"/> _____
Notification	<input type="checkbox"/> _____

**Please print legibly**

Child/Children's Last Name: \_\_\_\_\_

	1st Student	2nd Student	3rd Student
Name of Child Applying (First and Middle Names)			
Male/Female			
Birth Date			
Grade Entering			
Full Name and Address of <b>Current</b> School or <b>Last</b> School Attended (Include zip code, phone number and Principal's name)			
Mother's Name (Last) (First)	Father's Name (Last) (First)		
Address City/State Zip Home Phone	Address City/State Zip Home Phone		
Employer Occupation Cell Phone	Employer Occupation Cell Phone		

**Preferred Contact** for all communications regarding this application: \_\_\_\_\_  
Name email/phone

Which of the following best describes your family:

Active Catholic at SJC      
 Active Catholic at MQP      
 Active Catholic at HI

Active Catholic at OLOS      
 Active Catholic at other  Which one \_\_\_\_\_

Active Other Christian  \_\_\_\_\_

	2017-18 Annual Tuition	Parishioner	Non-Parishioner
1st Student (K-8)	\$8,310	\$10,288	
2nd Student (K-8)	\$5,762	\$7,545	
3rd Student (K-8)	\$3,104	\$7,117	

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

