



# ST. JOSEPH SCHOOL

Grade Applying for \_\_\_\_\_  
Date of Application \_\_\_\_\_ Birth Certificate # \_\_\_\_\_

Child's Information	
Name _____ <small>Last</small>	_____ <small>First</small> _____ <small>Middle</small>
Address _____ <small>Apt. #</small> _____	_____ <small>City</small> _____ <small>State</small> _____ <small>Zip Code</small>
Phone # _____	Cell # _____
Date of Birth _____	Gender _____
Religion _____	Parish _____

Sacrament	Date	Church	Location
Baptism (certificate required)			
Reconciliation			
First Holy Communion			
Confirmation			

Child Resides with \_\_\_\_\_ Relationship \_\_\_\_\_

Mother's Information	(Please Circle)	Single	Married	Separated	Divorced	Deceased
Name _____ <small>Last</small>						
Address _____ <small>Apt. #</small> _____						
Religion _____						
Email _____						
Phone _____						
Job Title _____						
Business Address _____						

Father's Information	(Please Circle)	Single	Married	Separated	Divorced	Deceased
Name _____ <small>Last</small>						
Address _____ <small>Apt. #</small> _____						
Religion _____						
Email _____						
Phone _____						
Job Title _____						
Business Address _____						

**APPLICATION FOR ADMISSION**

School Name \_\_\_\_\_

Custody of Child (if applicable)	
Custodial Parent _____	Relationship _____
Documentation _____	
Date Provided _____	

Guardianship of Child (if applicable)	
Guardian _____	Name _____
Relationship _____	
Documentation _____	
Date Provided _____	

**Child's Education**

**Previous School Attended**

Name	Address	Grades Completed	Dates

Child has been evaluated by the district **Committee on Special Education**. Yes \_\_\_ No \_\_\_

Child has been evaluated by a private psychological or educational agency. Yes \_\_\_ No \_\_\_

If answer to either or both statements above is **YES**, applicant must complete the following:

Type of Evaluation	Date of Evaluation	Name of Agency	Contact Name and Phone
Educational			
Psychological			
Speech			
Other:			

If child has been seen by the public district **Committee on Special Education**, applicant must complete the following:

1. Was an IEP ever generated? Yes \_\_\_ No \_\_\_ Copy Submitted \_\_\_\_\_

2. Child has a **Section 504 Accommodation Plan**? Yes \_\_\_ No \_\_\_ Copy Submitted \_\_\_\_\_

District Name and #	Date of Most Recent IEP	Date of Last Psychological Evaluation	Classification and Recommended Placement

I affirm that the above information is true to the best of my knowledge. I understand that failure to provide the required documentation stops the application process. Furthermore, should my child be accepted/admitted under false, incomplete, or negligent information, my child will be dismissed from the school. I also agree that should my child be accepted/admitted, my child and I will be bound by the terms and conditions of the school's parent/student handbook, including those provisions referencing inoculations. Final acceptance of this application is dependent on all outstanding fees being paid in full to any previous school(s). Acceptance notices will be mailed.

Signature of Parent or Guardian \_\_\_\_\_

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

**Social/Educational History Form**

1. Do you, or have you had, any developmental concerns regarding your child? \_\_\_\_  
If so, please describe: \_\_\_\_\_  
\_\_\_\_\_.
  
2. Has your child ever had an educational, occupational/physical therapy, psychological, or speech/language evaluation? \_\_\_\_ If so, please describe: \_\_\_\_\_  
\_\_\_\_\_  
Is there a written report? \_\_\_\_\_
  
3. Has your child ever received tutoring and/or special education services? \_\_\_\_ If so, please describe: \_\_\_\_\_  
\_\_\_\_\_.
  
4. Has your child ever received counseling services? \_\_\_\_ If so, please describe: \_\_\_\_\_  
\_\_\_\_\_.
  
5. Is your child being treated medically on an on-going basis for any issues? \_\_\_\_ If so, please describe: \_\_\_\_\_  
\_\_\_\_\_  
Is your child receiving any medication at this time? \_\_\_\_\_

This information is a necessary component of the admissions process at St. Joseph School. The information on this form, other than a student I.E.P. will not become part of your child's permanent school file, but will be part of the School Psychologist's files.

\_\_\_\_\_

\_\_\_\_\_

How long have you resided at this address? \_\_\_\_\_

For the purpose of ordering textbooks, we must know the Public School District in which you reside. Please circle one: Bronxville Eastchester Mt. Vernon Yonkers Tuckahoe  
Other (Please list name)

Are you registered at St. Joseph's Church? \_\_\_\_\_ For how long? \_\_\_\_\_ Envelope # \_\_\_\_\_

Names & ages of other siblings in the family: \_\_\_\_\_