

How did you hear about St. Joseph School?

Saw an advertisement

Where?

Found it online

How?

Was referred by someone

Who?

Other - Please elaborate

Mailing Address (if different than student address)

Mother _____
Salutation and full name

Address, City, State, Zip

Cell phone Work phone

E-mail address

Father _____
Salutation and full name

Address, City, State, Zip

Cell phone Work phone

E-mail address

Legal Guardian _____
Salutation and full name

Address, City, State, Zip

Cell phone Work phone

E-mail address

Parish Affiliation

Church _____

Location _____

Pastor _____

PLEASE SUBMIT YOUR CHILD'S MOST RECENT REPORT CARD WITH THIS FORM.

YOU WILL BE CONTACTED WITH AN APPOINTMENT DATE AND TIME FOR YOU AND YOUR CHILD.

When you come for your appointment, please bring any school records or other pertinent information.

THANK YOU!

If you have any SJS Alumni in your family, please list them below.

Name	Year Graduated	Address	E-mail address

Date _____ Parent/Guardian Signature _____