

ST. JOSEPH'S SCHOOL
2009-2010 STUDENT PRE-REGISTRATION APPLICATION

Please Print. Please list only children that are making application for the 2009-2010 school year. Pre-registration information will be complete upon receipt of child's prior school and attendance records. It is the responsibility of the parent to supply St. Joseph's School with the documentation. It is the responsibility of the parent to verify parish registration. It is the responsibility of the parent to update information and remain current on the pre-registration list. Please complete the front and back of this form. Please include the \$50.00 per child non-refundable pre-registration fee.

Last: _____ First: _____ M.: _____ Grade for 09-10: _____
 Male _____ Female _____ Birth date: _____ Religion/Parish: _____ Baptism Date: _____

Last: _____ First: _____ M.: _____ Grade for 09-10: _____
 Male _____ Female _____ Birth date: _____ Religion/Parish: _____ Baptism Date: _____

Last: _____ First: _____ M.: _____ Grade for 09-10: _____
 Male _____ Female _____ Birth date: _____ Religion/Parish: _____ Baptism Date: _____

MOTHER'S NAME: _____ Home Phone: _____
 Address: _____ Zip: _____
 Place of Employment: _____ Work Phone: _____ Cell: _____
 Mother's Religion/Parish: _____ Pager: _____

FATHER'S NAME: _____ Home Phone: _____
 Address: _____ Zip: _____
 Place of Employment: _____ Work Phone: _____ Cell: _____
 Father's Religion/Parish: _____ Pager: _____

OTHER CONTACT NAME: _____
 Relationship: _____ Phone: _____

Name of prior school: _____ Address: _____
 Name of prior principal: _____ Phone: _____
 Name of prior teacher(s): _____ Phone: _____

I give permission to the principal of St. Joseph's School to communicate with my child(ren)'s prior or current school's principal and/or teachers, or counselors concerning my child(ren).

 Signature of parent

 Date

OVER

FOR OFFICE USE ONLY:
 Date Received: _____
 Check # _____ Cash _____
 Office Signature: _____
 Parish Reg. Date: _____

Did you attend St. Joseph's School? _____ yes grades/date _____ no

Did you attend Bishop Kelly? _____ yes grades/date _____ no

Please list other Catholic schools you attended?

Are you a St. John's parishioner? ___yes ___no If yes, when did you register? _____
Please list parish activities or groups you have been involved in?

List St. Joseph's School activities you have been involved in:

If new to the Treasure Valley, did you belong to a Catholic parish? Explain:

Please add any other information that maybe helpful.

Are you willing to transfer your child to St. Joseph's during the school year, if there is an opening? ___yes ___no.

Do you want your child(ren) move to the 2010-2011 Pre-Registration list, if there are no openings during 2009-2010 school year?
___yes ___no

REVISED 10/10/07 (waitlist application)