

**ST. JOSEPH'S SCHOOL**  
**2011-2012 STUDENT PRE-REGISTRATION APPLICATION**

**Please Print.** Please list only children that are making application for the 2011-2012 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 11-12: \_\_\_\_\_  
 Male \_\_\_\_\_ Female \_\_\_\_\_ Birth date: \_\_\_\_\_ Religion/Parish: \_\_\_\_\_ Baptism Date: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ M.: \_\_\_\_\_ Grade for 11-12: \_\_\_\_\_  
 Male \_\_\_\_\_ Female \_\_\_\_\_ Birth date: \_\_\_\_\_ Religion/Parish: \_\_\_\_\_ Baptism Date: \_\_\_\_\_

Last: \_\_\_\_\_ First: \_\_\_\_\_ M.: \_\_\_\_\_ Grade for 11-12: \_\_\_\_\_  
 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 \_\_\_\_\_  
 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.

Kindergarten Only: (Mark One) \_\_\_\_\_ All Day Kindergarten; \_\_\_\_\_ Half Day Kindergarten

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 2012-2013 Pre-Registration list, if there are no openings during 2011-2012 school year?  
\_\_\_yes \_\_\_no

REVISED 6/8/09 (waitlist application)