

Previous schools attended: Please list **current school first**, and kindergarten, pre-school, and other elementary schools)

SCHOOL NAME

CITY AND STATE

**Has child received any special testing? ___ Yes ___ No. If yes, when? _____
If yes, for what reason? _____**

Have you ever applied to St. Joseph School before? ___ Yes. ___ No. If yes, When? _____

RECORD OF SACRAMENTS:

BAPTISM

FIRST EUCHARIST

Date _____
Church _____
City & State _____

PARENT INFORMATION

FATHER

MOTHER

Name _____
Last First Maiden First
Home address, _____
phone _____
(if different _____
from child) (____) _____
Birthplace _____
Religion _____
Job title/occupation _____
Work name _____
Work address _____
Work / Cell phone(____) _____ (____) _____

Who or what brought you to St. Joseph Catholic School? _____

Please tell us why you are interested in having your child attend St. Joseph Catholic School:

Date

Signature of Parent or Guardian

In order for your child to be considered for enrollment, the following items must accompany the completed application:

- 1. \$50.00 non-refundable application fee
- 2. Copy of child's birth certificate
- 3. If Catholic, a copy of child's baptismal certificate
- 4. Copies of most recent report card and standardized testing or preschool recommendation

For additional information, please call 650-967-1839 or email admissions@sjmv.org