



1120 Miramonte Ave. Mountain View, CA. 94040 ♦ 650)-967-1839 ♦ www.sjmv.org



Kinder-8th Application Form

Instructions: Please complete all sections. Indicate "NA" if something does not apply. Please fill out one application per child. Each application must be accompanied by a \$50.00 non-refundable fee. Make checks payable to "St. Joseph Mountain View."

Family Name: _____

Grade to Enter _____

Grades of Other Siblings _____

Number of Children Applying _____

Pmt. Recvd: _____ Ck # _____

Student Information:

Child's Name _____ Male Female
Last First Middle

Home Address: _____
Number and Street City State Zip

Home Phone: _____ Birth Date: _____ Place of Birth _____

US Citizen? Yes No (If no, please provide a copy of student's visa) Is this student on an F Visa? Yes No

Has your child ever attended a Catholic School Yes No If Yes, where? _____

Do you presently have a child attending St. Joseph Mountain View School Yes No

Current school attending: _____
School Name Address City, State, Zip Code Phone Number

Is this child English-Language proficient? Yes No Primary language spoken at home: _____

Does this child have any special medical needs or take daily medication? Yes No

If yes please describe: _____

Child's Ethnic Background (Check one)

- Asian Black/African American Caucasian Chinese Filipino Hawaiian/Pacific Islander
- Hispanic Japanese Korean Multiracial Native American Vietnamese

Child's Religion: _____ Has this child been baptized? Yes No
Please include a copy of baptismal certificate with your application

Baptismal Date Church Name City State Zip Code

Communion Date Church Name City State Zip Code

Child lives with: Both Parents Mother Father Other: _____

Parental Status: * (If child is not living with both parents)

- Father: Separated Divorced Remarried Deceased
- Mother: Separated Divorced Remarried Deceased

St. Joseph School does not unlawfully discriminate on the basis of race, color, national or ethnic origin, age, sex, or disability in the admission of students, the administration of educational policies, scholarship and loan programs, and athletic and other school administered programs.

Family Information:

Father

Mother

First & Last Name:		
Home Address: <i>(if different than that of child)</i>		
Home Phone: <i>(if different than that of child)</i>		
Cell Phone:		
Email Address:		
Occupation:		
Employer Name:		
Employer Address:		
Business Phone:		
Religion:		
Attends Mass Regularly:		
Place of Birth:		
US Citizen:		
SJMV Alumni:		

Sibling Information: *(Please list all other children in the family)*

Name	Age	Grade	Present School

Parish Information

Is your family registered at St. Joseph Church? Yes No

If Yes, Parish Envelope Number: _____

If No, are you registered at another parish? _____

Tuition Information

Please initial:

_____ I am familiar with St. Joseph's tuition payment options. _____ I will be responsible for keeping payments current.

Statement of Intent

On the reverse side of this sheet of paper, please indicate why you wish to enroll your child at St. Joseph School.

Signature

Date

Referred By _____