



School Application
2020-2021

Office Use Only:

Student's Last Name

Application Received: _____

Evaluation Date: _____

Intent Mailed: _____

Intent Due Back: _____

Check # _____ Amount Paid _____

Grade Level Alpha-K K 1 2 3 4 5 6 7 8

Alpha-K students must be four years old before September 1st, 2020

Kindergartners must be five years old before September 1st, 2020

First graders must be six years old before September 1st, 2020

**Student
Birthday
Baptism**

| | | |
|--------------------|--------|---------|
| Last: | First: | Middle: |
| Month: | Date: | Year: |
| Month: | Date: | Year: |
| Church of Baptism: | | City: |

First Communion

| | | |
|----------------------------|-------|-------|
| Month: | Date: | Year: |
| Church of First Communion: | | City: |

Father

| | | | |
|----------------------|-------------|-----------------|------|
| Last: | First: | Middle: | |
| Address: | | City: | Zip: |
| Hm Phone: | Cell Phone: | Wk Phone: | |
| Father's e-mail: | | | |
| Father's Religion: | | Place of Birth: | |
| Father's Occupation: | | | |

Mother

| | | | |
|----------------------|-------------|-----------------|------|
| Maiden / Last: | First: | Middle: | |
| Address: | | City: | Zip: |
| Hm Phone: | Cell Phone: | Wk Phone: | |
| Mother's e-mail: | | | |
| Mother's Religion: | | Place of Birth: | |
| Mother's Occupation: | | | |

Parish

| | |
|--------------|-------|
| Home Parish: | City: |
|--------------|-------|

Child Lives With:

| | | |
|--|---|---|
| <input type="checkbox"/> Both Parents | <input type="checkbox"/> Mother Only | <input type="checkbox"/> Father Only |
| <input type="checkbox"/> Joint Custody | <input type="checkbox"/> Mother /Stepfather | <input type="checkbox"/> Father/ Stepmother |

Last School Attended

| | |
|-------|-------|
| Name: | City: |
|-------|-------|

Previous School Attended

| | |
|-------|-------|
| Name: | City: |
|-------|-------|

Please complete the above application in full and submit it with a \$25.00 application fee to St. Joseph Catholic School along with a copy of your child's Birth and Baptismal Certificate:

St. Joseph Catholic School - Admission's Department

6200 E. Willow Street - Long Beach, CA 90815

562/596-6115 Phone 562/ 596-6725 Fax

School Web Page www.Sjknights.net