

# ST JOSEPH CATHOLIC SCHOOL

515 W Scott Street

Springfield, MO 65802

(417) 866-0667 FAX: (417) 866-2862

## APPLICATION FOR REGISTRATION

### STUDENT INFORMATION

Today's Date: \_\_\_\_\_

**CHILD 1 NAME** \_\_\_\_\_  
Last First Middle Grade Entering (2010-2011)

Date of Birth \_\_\_\_\_ (Copy of Birth Certificate required)  Male  Female  
Mo/Day/Yr

Baptism \_\_\_\_\_ Religion \_\_\_\_\_  
Date Church City/State **Copy of Certificate Required**

First Communion \_\_\_\_\_  
Date Church City/State

**CHILD 2 NAME** \_\_\_\_\_  
Last First Middle Grade Entering (2010-2011)

Date of Birth \_\_\_\_\_ (Copy of Birth Certificate required)  Male  Female  
Mo/Day/Yr

Baptism \_\_\_\_\_ Religion \_\_\_\_\_  
Date Church City/State **Copy of Certificate Required**

First Communion \_\_\_\_\_  
Date Church City/State

**CHILD 3 NAME** \_\_\_\_\_  
Last First Middle Grade Entering (2010-2011)

Date of Birth \_\_\_\_\_ (Copy of Birth Certificate required)  Male  Female  
Mo/Day/Yr

Baptism \_\_\_\_\_ Religion \_\_\_\_\_  
Date Church City/State **Copy of Certificate Required**

First Communion \_\_\_\_\_  
Date Church City/State

**CHILD 4 NAME** \_\_\_\_\_  
Last First Middle Grade Entering (2010-2011)

Date of Birth \_\_\_\_\_ (Copy of Birth Certificate required)  Male  Female  
Mo/Day/Yr

Baptism \_\_\_\_\_ Religion \_\_\_\_\_  
Date Church City/State **Copy of Certificate Required**

First Communion \_\_\_\_\_  
Date Church City/State

**FAMILY INFORMATION****Other Children in Family**

<b>Name</b>	<b>Age</b>	<b>Current Grade</b>	<b>School</b>
_____	_____	_____	_____
_____	_____	_____	_____

Home Address \_\_\_\_\_  
 Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Cell Phone (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_

Religion \_\_\_\_\_ Current Parish \_\_\_\_\_ Parish Registration Date \_\_\_\_\_

Father's Name _____	Mother's Name _____ Maiden Name _____
Home Address _____ If Different from Above _____	Home Address _____ If Different from Above _____
Place of Employment _____ Phone # _____	Place of Employment _____ Phone # _____
Grade School Attended _____	Grade School Attended _____
High School Attended _____ Year Graduated _____	High School Attended _____ Year Graduated _____
College Attended _____ Year Graduated _____	College Attended _____ Year Graduated _____
Religion _____	Religion _____
# of Years Registered in Springfield Parishes as Adult _____	# of Years Registered in Springfield Parishes as Adult _____
Names of those Parishes _____	Names of those Parishes _____

I affirm that all the information contained in this application is, to the best of my knowledge, true and accurate.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parish Pastor (or designated person) \_\_\_\_\_

Comment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FIRST TIME APPLICANTS ONLY**

Two key factors influencing us to apply to St Joseph:  Catholic Philosophy  Academic Program

Other (Explain): \_\_\_\_\_

**This application must be filled out in its entirety before it becomes active. This application will be active for one year. You must call each January to reactivate your application.**