



## APPLICATION FOR ADMISSION

### APPLICANT INFORMATION

NAME _____ (FIRST) (MIDDLE) (LAST)	NAME YOU PREFER YOUR CHILD TO BE CALLED _____
ADDRESS _____	PHONE _____
CITY _____ STATE _____ ZIP CODE _____	PARENT CELL _____
APPLYING FOR GRADE _____ ACADEMIC YEAR _____	SOCIAL SECURITY # _____
BIRTHDATE _____ BIRTHPLACE _____	<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
FIRST LANGUAGE _____ LANGUAGES SPOKEN AT HOME _____	
SCHOOL PRESENTLY ATTENDING _____	DATE ENTERED _____
ADDRESS _____	PHONE _____
PREVIOUS SCHOOL ATTENDED _____	DATES _____
ADDRESS _____	PHONE _____
PREVIOUS SCHOOL ATTENDED _____	DATES _____
ADDRESS _____	PHONE _____
MAY WE CONTACT THESE SCHOOLS TO REQUEST RECORDS, TRANSCRIPTS, OR ADDITIONAL INFORMATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	

### SIBLINGS

NAME _____	AGE _____	GRADE _____	GENDER _____	CURRENT JST STUDENT? _____	ALSO APPLYING TO JST? _____
NAME _____	AGE _____	GRADE _____	GENDER _____	CURRENT JST STUDENT? _____	ALSO APPLYING TO JST? _____
NAME _____	AGE _____	GRADE _____	GENDER _____	CURRENT JST STUDENT? _____	ALSO APPLYING TO JST? _____

### FRIENDS OR RELATIVES WHO ATTEND JOSEPH'S SCHOOL OF TOMORROW

NAME _____	RELATIONSHIP _____
NAME _____	RELATIONSHIP _____
HAVE YOU EVER APPLIED AT JOSEPH'S SCHOOL OF TOMORROW FOR THIS CHILD? <input type="checkbox"/> YES <input type="checkbox"/> NO YEAR(S) _____	
ARE YOU APPLYING TO OTHER SCHOOLS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF SO, WHICH SCHOOL(S) _____	



### FATHER | GUARDIAN

NAME _____ (DR/MR) (FIRST) (MIDDLE) (LAST)	E-MAIL _____
ADDRESS _____ (IF DIFFERENT FROM APPLICANT)	HOME PHONE _____
CITY _____ STATE _____ ZIP CODE _____	PARENT CELL _____
PROFESSION/POSITION _____	SOCIAL SECURITY # _____
NAME OF FIRM/COMPANY _____	WORK PHONE _____
ADDRESS _____ (STREET) (CITY) (STATE)	E-MAIL _____
ALUMNUS OF _____ (HIGHSCHOOL)	(COLLEGE)
PATERNAL GRANDPARENTS _____ (NAME)	HOME PHONE _____
ADDRESS _____	

### MOTHER | GUARDIAN

NAME _____ (DR/MRS) (FIRST) (MIDDLE) (LAST)	E-MAIL _____
ADDRESS _____ (IF DIFFERENT FROM APPLICANT)	HOME PHONE _____
CITY _____ STATE _____ ZIP CODE _____	PARENT CELL _____
PROFESSION/POSITION _____	SOCIAL SECURITY # _____
NAME OF FIRM/COMPANY _____	WORK PHONE _____
ADDRESS _____ (STREET) (CITY) (STATE)	E-MAIL _____
ALUMNA OF _____ (HIGHSCHOOL)	(COLLEGE)
MATERNAL GRANDPARENTS _____ (NAME)	HOME PHONE _____
ADDRESS _____	



**IF APPLICANT IS SHARING TWO HOMES, PLEASE INDICATE PRIMARY RESIDENCE AND PROVIDE STEP-PARENT OR GUARDIAN NAMES.**

PRIMARY RESIDENCE WITH \_\_\_\_\_  
RELATIONSHIP:  FATHER       MOTHER       GUARDIAN       STEP-PARENT

SECONDARY RESIDENCE WITH \_\_\_\_\_  
RELATIONSHIP:  FATHER       MOTHER       GUARDIAN       STEP-PARENT

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_