



# Saint Joseph School

100 Spring Street  
Fairhaven, MA 02719

Tel. 508-996-1983 Fax, 508-996-1998  
Web. [www.saintjosephschool.org](http://www.saintjosephschool.org)

NEA  
S7C Accredited by the  
New England Association  
of Schools and Colleges



## APPLICATION FOR ADMISSION 2016-2017

Date: \_\_\_\_\_ Entering Grade: \_\_\_\_\_ Year \_\_\_\_\_

### Student Information

Student Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street

Mailing Address (if different): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_  
City State

Home Phone #: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female

Religion: \_\_\_\_\_ Registered Parish \_\_\_\_\_

School last attended: \_\_\_\_\_

### Family Information

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
Last First

Address (if different than student): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Employment: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_  
Company Name

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_  
Last First Maiden

Address (if different than student): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Employment: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_  
Company Name

### Family Status

\_\_\_\_\_ Married \_\_\_\_\_ Single \_\_\_\_\_ \* Divorced \_\_\_\_\_ \* Separated \_\_\_\_\_ Widowed

**\*COPY OF CUSTODY/GUARDIANSHIP PAPERS REQUIRED**

Language spoken at home other than English: \_\_\_\_\_

Name of person(s) responsible for tuition: \_\_\_\_\_

Address (if different): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

**Ethnic/Racial Origin** (used to provide yearly statistics) Please check one

<input type="checkbox"/> White	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Asian	<input type="checkbox"/> American Indian or Alaska Native

**Other Siblings**

_____	_____	_____	_____	SJS Alumni? <input type="checkbox"/> Y <input type="checkbox"/> N
Name	Date of Birth	School	Grade	
_____	_____	_____	_____	SJS Alumni? <input type="checkbox"/> Y <input type="checkbox"/> N
Name	Date of Birth	School	Grade	
_____	_____	_____	_____	SJS Alumni? <input type="checkbox"/> Y <input type="checkbox"/> N
Name	Date of Birth	School	Grade	
_____	_____	_____	_____	SJS Alumni? <input type="checkbox"/> Y <input type="checkbox"/> N
Name	Date of Birth	School	Grade	

**Transferring Students:**

Transferring from: \_\_\_\_\_  
School Name \_\_\_\_\_ Grade \_\_\_\_\_

Reason for transfer: \_\_\_\_\_

**Financial Information**

Tuition	<input type="checkbox"/> \$3,550 – Grades 1-8	<input type="checkbox"/> \$3,600 – Kindergarten	<input type="checkbox"/> \$4,350 – Preschool
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\*\*\* **There is \$100 tuition reduction for St. Joseph parishioners** \*\*\*

Registration fee \$150 PER student (due at time of registration)  
 Technology/Materials fee \$175 PER student Preschool & Kindergarten  
 Technology/Book fee \$150 PER student Grades 1-8  
 Fundraising Obligation \$350 per FAMILY

Please check the method which you will use to pay your child/ren’s tuition.

Pay in full (Payment MUST be received by August 1, 2016)

FACTS Management Tuition (information available on our website) [www.saintjosephschool.org](http://www.saintjosephschool.org)

Would you like to include the technology/book (materials) fee with your tuition?  Yes  No

Would you like to include the fundraisings obligation with your tuition?  Yes  No

*You can either pay the fundraising obligation OR participate in the school fundraising events (calendar raffle and walk-a-thon) to raise the \$350.00. If paying please add note “includes fundraising” on check memo.*

*All fees are non-refundable*

I certify that the information provided is accurate and complete to the best of my knowledge. I understand that any misrepresentation of fact may be sufficient cause for refusal of admission. I fully support the school and its religious and spirituality as well as academic goals and objectives. I agree to the financial obligations that enrollment implies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

FOR OFFICE USE ONLY : Date: \_\_\_\_\_ Amount received: \_\_\_\_\_ Check #: \_\_\_\_\_

Date application received: \_\_\_\_\_ Registration fee received: \_\_\_\_\_

Technology/Material fee received: \_\_\_\_\_ Fundraising obligation received: \_\_\_\_\_

Health and immunization record: \_\_\_\_\_ Birth certificate received: \_\_\_\_\_

Subsidy form: \_\_\_\_\_ Financial aid form (FACE): \_\_\_\_\_