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**ST. JOSEPH SCHOOL  
LINCOLN, NEBRASKA**

**APPLICATION FOR ADMISSION**

Date \_\_\_\_\_

\*Birth Certificates and Baptismal Certificates must accompany this application\*

Child's Name \_\_\_\_\_  
Last First Middle Preferred First Name/Nickname

Address \_\_\_\_\_  
Number Street/Avenue Zip Phone

Child's Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_  
City State

Gender (please circle) Male Female Ethnic background \_\_\_\_\_

Grade Entering \_\_\_\_\_ For School Year \_\_\_\_\_

Are you registered in St. Joseph Parish? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, which parish? \_\_\_\_\_

Parents Names \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Email Addresses (to be used weekly as a form of communication) \_\_\_\_\_

PLEASE PRINT LEGIBLY \_\_\_\_\_

Living with: (please circle) Both Parents Mother only Father only Legal Guardian (not a parent)

Stepmother Stepfather Mother & Stepfather Father & Stepmother Other \_\_\_\_\_

Divorced No \_\_\_\_\_ Yes \_\_\_\_\_ (In case of a divorce, please provide the school with a copy of the custodial agreement.)

School or Preschool last attended \_\_\_\_\_ Reason for transferring \_\_\_\_\_

	<u>Baptism</u>	<u>First Holy Communion</u>	<u>Confirmation</u>
Sacrament received (yes or no)	_____	_____	_____
Copy of certificate (yes or no)	_____	_____	_____

**FAMILY DATA**

<u>Father or Guardian</u>			<u>Mother or Guardian</u>		
Name _____			Maiden Name _____		
Address _____			Address _____		
Date & Place of Birth _____			Date & Place of Birth _____		
Religion _____	Living ( ) Deceased ( )		Religion _____	Living ( ) Deceased ( )	

Others at home:

Name	Age	Relationship	Name	Age	Relationship	Name	Age	Relationship
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Significant health factors \_\_\_\_\_

Other significant data \_\_\_\_\_