

SAINT JOSEPH



CATHOLIC SCHOOL

**ST. JOSEPH CATHOLIC SCHOOL
ADMISSION APPLICATION**

110 N. Madison, Enid, OK 73701
(580) 242-4449

2018-2019

Date completed: _____

Grade entering: (select one)

Name of Student: _____
Last First Middle

Preferred Name: _____

Student's Date of Birth: _____ Gender: _____
month day year

Custodial Parent/s or Guardian Name/s: _____

Home Phone No.: _____ Cell Phone: _____

Address: _____ Zip code: _____

e-mail _____

Parish:

Additional Information as requested

Ethnic Origin:

Student Resides With:

PARENT INFORMATION:

Name: _____ Business Phone: _____

Employer: _____ Position/Occupation: _____

Registered Practicing Catholic? :

Name: _____ Business Phone: _____

Employer: _____ Position/Occupation: _____

Registered Practicing Catholic?:

PREVIOUS SCHOOLS ATTENDED: _____

SIBLINGS:

Name: _____ Date of Birth: _____ School Attending: St. Joseph: Other:

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Parent/Legal Guardian's Signature

Date

Submission Instructions:

Electronically sign and date, or print and sign application and return to School office via USPS or email cdettle@stjosephschoolenid.com along with the following:

Application fee: \$150.00, **enrollment is not guaranteed until receipt of application fee**
pay to St. Joseph Catholic School, include name of child(dren) and grade(s)

Mail TO: Attn: Application
St Joseph Catholic School
110 N Madison
Enid, Oklahoma 73701

Copy of Birth Certificate and, if Applicable, court appointment of guardianship

Current Immunization Records

If Catholic, copies Sacramental Records (Baptism, Reconciliation, and/or Communion.)