

St. Joseph Catholic School

308 New Mannsdale Road • Madison, MS 39110 • 601-898-4800



Pre-Registration Form

Date of application _____ Entering grade _____ for school year **2018-19**

- Currently attend St. Anthony**
- Currently attend St. Richard**
- Currently attend Sr. Thea Bowman**

Student:

Name: _____
Last First Middle Preferred name

Address: _____
Street City State Zip

Date of Birth: _____ M or F: _____ Church: _____

Number of years at current school: _____ List all previous schools attended: _____

List any siblings who currently attend or have attended St. Joseph Catholic School:

Does student have any special academic/medical needs? ___ Yes ___ No If yes, please explain:

Has student had any academic, medical, diagnostic or psychoeducational testing done in the last three years?

___ Yes ___ No If yes, please provide testing documentation you received.

Does student attend a Resource Program at current school? ___ Yes ___ No

Has student ever been suspended? ___ Yes ___ No Has student ever been expelled? ___ Yes ___ No

If yes to either question, please explain.

St. Joseph Catholic School admits students of any race, color, creed, sex or national origin to all rights, privileges, programs and activities generally accorded or made available at the school. The school does not discriminate on the basis of race, color, national or ethnic origin, sex or age in the administration of its educational policies, admission policies, personnel policies, tuition assistance and loan programs, athletic or other school administrated programs.

Please print

Father/Guardian:

Mother/Guardian:

Name _____
 First Middle Last

Name _____
 First Maiden Last

Home Address (if different from student) _____

Home Address (if different from student) _____

City, State _____ Zip _____

City, State _____ Zip _____

Home phone _____ Cell _____

Home phone _____ Cell _____

Religious affiliation _____

Religious affiliation _____

Email (to be used for school-related communication) _____

Email (to be used for school-related communication) _____

Employer _____

Employer _____

Occupation _____

Occupation _____

Business Address _____

Business Address _____

City, State _____ Zip _____

City, State _____ Zip _____

Business Phone _____

Business Phone _____

Check applicable status:

____ Parents married ____ Parents separated ____ Parents divorced ____ Single Parent ____ Mother remarried
____ Father remarried ____ Mother deceased ____ Father deceased ____ Legal guardian (please provide legal documentation)

Student lives with: _____

Admission Requirements: Please initial next to each statement and sign below.

____ I understand that admission to St. Joseph Catholic School is contingent upon space availability and acceptance according to admission policies.

____ I understand that ALL tuition & fees must be paid in full prior to the student attending their first day of class.

____ I understand that ALL fees are non-refundable.

____ I understand that once a student is accepted, continued enrollment is contingent upon satisfactory academic progress, proper conduct and timely payment of tuition loan, if applicable.

Date

Date

Parent/Guardian's Signature

Parent/Guardian's Signature