



St. Joseph

CONSOLIDATED SCHOOL

NEW STUDENT APPLICATION FOR ENROLLMENT- GRADES K-8

PLEASE PRINT - Custodial parent must complete all 4 pages of this form.

A \$100 PER FAMILY NON-REFUNDABLE REGISTRATION FEE SHOULD ACCOMPANY THIS FORM

A COPY OF BIRTH CERTIFICATE AND BAPTISMAL RECORD NEED TO BE FORWARDED TO THE SCHOOL OFFICE AFTER NOTIFICATION OF ACCEPTANCE.

GENERAL STUDENT INFORMATION

Name: Last _____ First _____ Middle _____

Prefers to be called _____ Gender Male Female

For School Year _____ Grade _____

Address _____ (street) _____ (city) _____ (state) _____ (zip)

Phone _____ Date of Birth: Month _____ Day _____ Year _____

Ethnic Code _____ (Choose One: A-Asian/Pac. Island; B-African American; H-Hispanic; I-American Indian/Alaskan; M-Multi-Racial; W-Caucasian)

STUDENT'S RELIGIOUS BACKGROUND

Religious affiliation: _____

If Catholic: A Registered Parishioner at _____ Parish

STUDENT'S SACRAMENTS -GRADES K-8				
Sacraments		Date	Church	City/State
Baptism				
Reconciliation				
First Eucharist				
Confirmation				

Office Use Only

Date Application Fee Received:	Date of Admission
Registration Fee Received:	Check number or cash
Approved by:	Dates:
Birth Certificate: Y <input type="checkbox"/> N <input type="checkbox"/>	Baptismal Certificate Y <input type="checkbox"/> N <input type="checkbox"/> N/A <input type="checkbox"/>

PARENT / GUARDIAN / FAMILY INFORMATION

Child lives with Biological Parents / Biological Mother / Biological Father / Other
Biological Parents are Married / Separated / Divorced* / Single / Court Order

*If divorced, who has custody: _____

Legal custodial document must be on file at the school

**If other than biological parent, evidence of legal custody must be presented and kept on file at school. If legal documents are not available, a letter from an attorney explaining efforts to obtain custody must be sent to school within 10 days and a copy of custodial papers must be submitted within sixty (60) days of enrollment.

RESIDENTIAL MOTHER / GUARDIAN INFORMATION

Name: Last _____ First _____ Maiden _____

Religion _____ Occupation _____

If Catholic: A Registered Parishioner at _____ Parish

Marital Status Married / Separated / Divorced/ Single

Relationship to the child: _____

Address if different than student: _____

Phone/Best Contact Number: _____

Email Address: _____

RESIDENTIAL FATHER / GUARDIAN INFORMATION

Name: Last _____ First _____

Religion _____ Occupation _____

If Catholic: A Registered Parishioner at _____ Parish

Marital Status Married / Separated / Divorced / Single

Relationship to the child: _____

Address if different than student: _____

Phone/Best Contact Number: _____

Email Address: _____

SIBLING INFORMATION

Please list all siblings living in student's home:

Name: _____ DOB: _____ Current School: _____ Grade: _____

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GENERAL EDUCATIONAL INFORMATION

Public School District of Residence _____

Public Elementary School of Residence _____

School Last Attended _____ In Grade _____

Has your child had any behavioral concerns? _____ Yes _____ No

_____ Several Write ups or detentions

_____ Behavior plan

Has your child ever been expelled or suspended from a school? _____ Yes

If you answered yes, name of school? _____

Has your child ever been retained in a grade?

_____ Yes _____ No If yes, What grade were they retained in? _____

What School did they attend when retained? _____

Do you have any academic concerns/speech concerns/or behavior concerns for your child?

_____ Yes _____ No

If yes, please explain

Is your child currently receiving any type of federal/state scholarships?

_____ Yes _____ No

If yes, what is the name of the scholarship? _____

What school did they receive the scholarship to? _____

Does your child have a diagnosed medical condition? _____ Yes _____ No

What is the condition? _____

If so, are they taking medications for this condition? Yes _____

If so, what? _____

Does the medication need to be administered during school hours? _____ Yes _____ No

Time administered? _____

EDUCATIONAL HISTORY

St. Joseph Consolidated School requires that all students have a completed Educational History form in their guidance file. The information that you share will facilitate our efforts in supporting your child in his/her pursuit of academic success at St. Joseph.

Does your child have a current Individualized Education Plan (IEP)? YES NO

Does your child have a current Individualized Service Plan (ISP)? YES NO

Does your child have a current 504/Intervention Plan? YES NO

If yes, please list the accommodations they receive (i.e, small group work, extended time, etc).

IF YES TO ANY OF THESE, PLEASE COMPLETE THIS SECTION AND ATTACH COPIES OF THE DOCUMENTS. INTERVIEWS WITH ST. JOSEPH'S INTERVENTION DEPARTMENT MAY BE REQUIRED BEFORE ADMISSION IS GRANTED.

Please check the area(s) for which your child may have had individualized testing.

Evaluation Team Report when? _____ Gifted/Talented when? _____

Psychological Evaluation when? _____ ADD/ADHD when? _____

Educational Evaluation when? _____ Other when? _____

Speech/Language Evaluation when? _____

PLEASE ATTACH COPIES OF THE MOST RECENT EVALUATION AND RESULTS.

Please check the area(s) which apply to your child.

Regular Classroom Education Reading Support when? _____

Accelerated Classes in what area(s)? _____ Tutoring Support which subjects? _____

Gifted Education in what area(s)? _____ Speech/Language Therapy when? _____

Summer Gifted/Talented/Enrichment in what area(s)? _____ OT/PT Services

Special Education Services Resource Rm. _____ Tutoring _____ Auditory or Visual Training

Full disclosure of your child's educational history is crucial to both the admissions process and registration for classes. You must pro-

RELEASE OF RECORDS

vide St. Joseph with all relevant documents. If you have any other information regarding your child's educational strengths/needs, learning styles, and/or other areas of concern, please indicate this on a separate sheet of paper and return with this form.

I, _____, do hereby give my permission for the school records, including
parent name speech, psychological, IEP, 504 Plans, or Intervention Plans for
_____ to be released to:
student name

St. Joseph Consolidated School 925 S. Second Street Hamilton, OH 45011

By signing this release of evaluation/intervention records, I relieve the school, which the above named student was attending, of the responsibility of notifying me that the records are being transferred. This authorizes transfer of all school records as defined by PL 93-380 and any amendments thereto.

Parent/Guardian Signature _____ Date _____

My signature below certifies that I am a custodial parent of the child named on this form and the information provided is true and accurate to the best of my knowledge. Further, if my child is not accepted, I understand that any registration fees paid are non-refundable.

Signature of Custodial Parent

Date