



ST. JOSEPH

CATHOLIC SCHOOL

Building Wisdom and Faith Through Service to God

Application for Admissions 2026-2027

School Year _____ Applying for Grade _____ Will student be the only child at this school? ☐ Yes ☐ No

Is there a sibling or relative at school? ☐ Yes ☐ No If yes, what is the name of sibling(s) or relative(s)? _____

How did you hear about St. Joseph Catholic School? ☐ SJC Parishioner ☐ Preschool ☐ Internet Search ☐ Social Media ☐ From a friend

Student Data

Legal Name: Last _____ First _____ Middle _____

Nickname _____ Sex ☐ Male ☐ Female

Date of Birth ____/____/____ City, State, Country of Birth _____
(mm/dd/yyyy) (city) (state) (country)

Home Address _____ City _____ State _____ Zip _____

Home Phone _____ Email for official school communication _____

Primary language spoken in the home _____

Religion (check one): ☐ Catholic ☐ Other

For Catholic Applicants

	Date	Church	City and State
Baptism	____/____/____	_____	_____
Reconciliation	____/____/____	_____	_____
First Eucharist	____/____/____	_____	_____
Confirmation	____/____/____	_____	_____
Parish currently registered at:	_____	_____	_____

Previous Schools Attended

Name of School	Dates attended	Grades	City, State	Telephone
_____	_____	_____	_____	____-____-____
_____	_____	_____	_____	____-____-____
_____	_____	_____	_____	____-____-____

Public School System in which student resides _____

Public School Child Would Attend _____

Family Background

Student Lives with: _____

Mother/Female Guardian

Full Name	_____
Maiden Name	_____
Country of Birth	_____
Home Address	_____
Home City, State, ZIP	_____
Home Phone	_____
Home Email	_____
Cell Phone	_____
Work Phone	_____
Work Email	_____
Occupation	_____
Employer	_____
Religion	_____
Parish	_____

Marital Status (Circle) Married Separated Divorced*

Widowed Single Remarried

****Appropriate custody paperwork MUST be attached.*****Father/Male Guardian**

Married Separated Divorced*

Widowed Single Remarried

****Appropriate custody paperwork MUST be attached.***

Student Siblings

Name _____	School/Preschool _____	Grade _____
Name _____	School/Preschool _____	Grade _____
Name _____	School/Preschool _____	Grade _____

Name and Address of person responsible for tuition/fees payment

Name _____

If not a parent or guardian listed above, please complete:

Home Address _____ City _____ State _____ Zip _____
Phone Number _____ Email _____

Demographic Data

The following information is optional and confidential. This information is used for our applications for Federal Grants and submissions to the National Catholic Educational Association's annual statistical analysis of Catholic schools in the United States. Please make a selection for **both** ethnicity and race.

Student's ethnicity: ☐ Hispanic/Latino ☐ Other

Student's race: ☐ American Indian/Native Alaskan ☐ Native Hawaiian/Pacific Islander ☐ Black ☐ Asian ☐ White ☐ Multi-Racial

To be considered for admission, the following documents must accompany this application:

1. Non-refundable application fee of \$150/application payable to St. Joseph Catholic School
2. Copy of Baptismal Certificate (Catholics only)
3. Original birth certificate must be presented to school personnel for verification prior to admission. (For those living outside the Northern Virginia area, please send a copy of the birth certificate with the application and present the original upon arrival in the area.)
4. Current year's report card, including comments, **and** two (2) previous academic year's report cards (if applicable)
5. Current standardized test scores plus the two previous years, if available
6. If your student has ever been suspended, dismissed, expelled, or not permitted to re-enroll at a school, please provide the name of the school and explain the reasons on a separate sheet of paper.
7. If applicable, provide a copy of your student's **Individualized Education Plan (IEP), 504 Plan, Special Education Child Study minutes**, and/or a **Student Assistance Plan (SAP)**. (We may request additional information from you to assist in determining if we can provide reasonable accommodations and an appropriate education for your child.)
8. Immunization Record and Commonwealth of Virginia School Entrance Health Form (**Must be submitted prior to start date of school year**)
9. If applicable, provide a copy of your student's custody decree.

I certify the information provided in this document to be true and accurate to the best of my knowledge.

_____ Printed Name of Parent/Guardian	_____ Date	_____ Signature of Parent/Guardian
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