

**SAINT JOSEPH SCHOOL
25 SQUIRE STREET
NEW LONDON, CONNECTICUT 06320**

FOR OFFICE USE

Records Requested: Temporary _____ Permanent _____
Application Fee \$20.00 _____ Date _____

APPLICATION FORM

Grade Applying For _____

Student's Full Name _____
Last First Middle Name

Date of Birth _____ Place of Birth _____

Mother's Name _____
Last First Middle Initial Maiden Name

Father's Name _____
Last First Middle Initial

Marital Status _____ Siblings _____

Student resides with: Both Parents ___ Mother ___ Father ___ Other _____
Relationship

Address _____
Street Town State/Zip Code

Phone Home _____ Work _____ Cell _____

E-mail address _____

Father's Occupation and Place of Employment _____

Mother's Occupation and Place of Employment _____

Religious Affiliation Mother _____ Father _____

Parish (If Applicable) _____ Envelopes? _____

Baptism Yes ___ No ___ Where _____
Church Town/State Date

First Communion Yes ___ No ___ Where _____
Church Town/State Date

Present School _____
Grade Repeated (If Any) _____

Difficulties Affecting School Success: Emotional ___ Behavioral ___ Academic ___ Health ___ Other ___