

ADMISSION APPLICATION
 St. Joseph School
 210 E. Broadway
 Pierre, SD 57501
 (605) 224-7185
 stjosephschool@k12.sd.us

Date of Application: _____

Family Name: _____

Hm. Phone _____

Mother's Name: _____

Wk. Phone _____ cell _____

Father's Name: _____

Wk. Phone _____ cell _____

Address _____

Mother's Email _____

Father's Email _____

With Whom Living ___ Parents ___ Step _____ ___ Separated
 ___ Mother ___ Grandparents ___ Divorced
 ___ Father ___ Guardian

Name of Child	M (male)	Grade	Date of Birth	School Year
	F (female)			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

My child's immunizations are up-to-date. Yes _____ No _____

Please respond to each of the following questions/statements which apply to your family Situation.

- 1) Yes No Our family has other children who are presently attending Saint Joseph School.
- 2) Yes No One parent of the above named child(ren) is employed at Saint Joseph School or Ss. Peter & Paul Parish.
- 3) Yes No Other immediate family members (siblings) have attended Saint Joseph School – the last child graduated from St. Joseph School in _____ (year).
- 4) Yes No Child's mother/father has attended St. Joseph School and is a registered member of Ss. Peter and Paul Parish.
- 5) Our immediate family has been registered at Saints Peter and Paul since _____ Church since _____ (month/year).
- 6) Our immediate family has not registered at Saints Peter and Paul Church. We are members of _____ Catholic Church in _____.
- 7) Our immediate family does not attend the Catholic Church. We are registered members of _____ Church in _____.