



ST. JOSEPH SCHOOL

To learn more about your family and your expectations for your child education, we ask that you spend some time reflecting and sharing your input with the following questions.

1. Why do you wish to send your child to St. Joseph School?

2. What types of school and parish activities are important for your family to be involved in?

3. How can we assist you and your family through the decision making process?

4. What can we do to improve our Open House or information packets? Please share any feedback on your experience with St. Joseph School tour or website.

5. How did you learn about St. Joseph School?

_____ Please check here if you would like to speak with a current or alumni parent about the SJS school experience.

_____ Please check here if a current school family recommended SJS to your family.

School Family Name: _____

Family Name: _____ Date: _____

Parishioner Information

Please check the following as they apply to your family:

Attendance at Saturday/Sunday Mass

- Every Week
- Several Times a Month
- Occasionally

Use of Church Envelopes or Auto Debit

- Every Week
 - Several Times a month
 - Occasionally
-

Participation in Church Ministry

- Eucharistic Minister
 - Lector
 - Usher
 - Choir/Cantor/Musician
 - Altar Server
 - Religious Education Program- Teacher or Aide
 - RCIA
 - Marriage Preparation
 - Baptism Preparation
 - Please list any other areas of participation
-

Participation in Church Activities

- Parish Council
 - Finance Committee
 - Oktoberfest Committee
 - Education Commission
 - Set-up for Mass
 - Holy Name Society
 - Worship Commission
 - Prayer Groups
 - Please list any other areas of participation.
-

If you wish, please use the backside to explain what "Active Parishioner" means for you and your family. If you are new to this community, please explain how you and your family will become "Active Parishioners" in St. Joseph Church.

Signature of adult completing this form

(The above information will assist the Tuition Review Board in determining Contributing Parishioner status.)



Thank you for choosing St. Joseph School for your child. We believe that St. Joseph School provides a Catholic environment that promotes excellence in learning and development of the whole person through the Gospel message. We seek to form leaders by guiding our students to their highest levels of spiritual and academic potential. It is our hope to offer this quality Catholic education and spiritual development to your child.

At this point, we have student openings at many grade levels. We do expect to reach maximum capacity in several classrooms. Please follow the outlined steps listed here so that your application may be processed efficiently and return the registration forms within the timeframe communicated.

1. Please complete and return **all** forms: family application, application for each student, and registration fee. We cannot process your application if it is not complete.
2. Be sure to include an **original birth certificate and baptismal certificate** for each child to be registered. We will make copies of all forms and return the originals to you.
3. Submit a check for New Family Registration made out to St. Joseph School for \$150.00. If your child is accepted, this registration fee will be applied to the first month's tuition. If your child is not accepted, this registration fee will be returned to you. This fee is non-refundable once the principal acknowledges acceptance.
4. Return the registration packet to the school office between January 28th - February 18th. All applications returned during this time will be considered equally. We do not have a "first in line" policy.
5. Try to wait as "patiently" as you can. You will be notified of acceptance after our current families have been registered. We will send acceptance letters to our **new registration families** by February 18th.
6. If you have any questions, please contact St. Joseph School principal, Miss Scheffler or the Administrative Assistant, Mrs. Rita Baxter at the school office (815) 838-8173.



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2010 National Blue Ribbon School of Excellence

APPLICATION FOR ADMISSION

(One application per student is required)

FAMILY NAME: _____ (please print) DATE: _____

Child's Legal Name: _____

Child's Birthdate: _____

Father's Legal Name: _____ Employment: _____

Mother's Legal Name: _____ Employment: _____

Address: _____ (street name)

_____ (city/zip code)

Telephone #: (____) _____

E-mail Address: _____ (Mother)

E-mail Address: _____ (Father)

(Please print. E-mail addresses will be used to communicate information from St. Joseph.)

Grade to Enter: _____ * Must be 5 years old by 9/1/2020 to enter Kindergarten

Name of school presently attending _____

How is this child academically? Above Average _____ Average _____ Below Average _____

Does your child receive any special services? Please check any and all that apply

____ Speech ____ Developmentally Delayed Placement ____ Physical Therapy

____ Occupational Therapy ____ Learning Disability Services ____ Other

____ Check here if your child is served under an IEP or ISP

How does this child relate to his/her teacher? _____

How does this child get along with his/her classmates? _____

Child's Religion _____

Where was child baptized? _____

Date of baptism _____

Registered at: St. Joseph ____ St. Bernard ____ Mother of Good Counsel ____ Other _____

Marital Status: ____ Married ____ Divorced ____ Separated ____ Single Parent ____ Other _____

FOR OFFICE USE ONLY: Method of Payment: Cash ____ Check _____

Birth Certificate ____ Baptismal Certificate ____ Request for Records Sent _____ Records Received _____

____ Verified 9/1 birth date for incoming Kindergarten Students



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Registration for New Families 2020-2021

Date: _____

Family Name _____

Father's Name: _____ Mother's Name: _____

Home Address: _____

Public School District: _____

(Neighborhood School/District)

E-mail: _____ (Mother's E-mail address)

E-mail: _____ (Father's E-mail address)

Telephone: _____

Cell Phone: _____ (Mother) _____ (Father)

Children's Names

Grade Level

Please complete Application for Admission for each child that will be entering St. Joseph School for the first time in August of 2020.

Our family intends to abide by all the standards, policies, and regulations of St. Joseph School.

Signature of Parent/Guardian

Signature of Parent/ Guardian

For SJS Office Use

Contributing Parishioner Status

___ Active

___ Inactive

___ Parishioner at Local DOJ Parish

Registration Fee \$150.00

___ Paid-Check # _____

___ Date Received _____

Signature: _____

Date: _____

Recommendations

Accepted _____

Conditional _____

Not Accepted _____

Tuition Payment Status

Catholic Scholarship: _____

Non-Parishioner Rate: _____