

\$50.00 Application Fee
Ck# _____ Cash Amt. _____
Date Rec. _____

APPLICATION/2009-2010
St. Joseph Catholic School
11610 Atwood Road
Auburn, CA 95603
(530) 885-4490—office
(530) 885-0182--fax

What public school would your child attend if he/she did not attend St. Joseph Catholic School?

Name of School: _____

#1 Student's Name: _____
Last First Middle
Date of Birth: _____ Grade Entering: _____ School Yr: _____
Present School: _____ School Phone #: _____

#2 Student's Name: _____
Last First Middle
Date of Birth: _____ Grade Entering: _____ School Yr: _____
Present School: _____ School Phone #: _____

#3 Student's Name: _____
Last First Middle
Date of Birth: _____ Grade Entering: _____ School Yr: _____
Present School: _____ School Phone #: _____

Home Address: _____
Street City State Zip

Mailing Address (If different from above): _____

Home Phone #: _____ How long have you lived in this area? _____

Father's Name: _____

Occupation: _____ Religion: _____

Mother's Full Name (Maiden): _____

Occupation: _____ Religion: _____

Are you registered at St. Joseph or St. Teresa of Avila Parish? _____

If not, name of parish where you are registered? _____

Have your children ever attended a catholic school? _____

Has either parent ever attended a catholic school? _____

If there are younger children in the family, please list their name(s) and dates of birth:

Why are you interested in placing your child/ren in a catholic school?

Date of Application: _____ **Parent Signature:** _____