



ST. JOSEPH SCHOOL

100 Spring Street
Fairhaven, Ma 02719
Tel. (508) 996-1983 Fax (508) 996-1998
Website: www.saintjosephschool.org

Principal: Mrs. Suzanne Brzezinski, M.Ed.



Accredited by the New England Association of Schools and Colleges

Application for Admission

Date _____ Pupil Entering Gr. _____ Yr. _____

Student Information:

Pupil's Name _____
Last First Middle

Address _____ Phone() _____ - _____
Street City Zip

Date of Birth ____/____/____ Place of Birth _____
month day year City State

Registered Parish _____

Baptism ____/____/____
Date Church City State

(Birth and Baptismal Certificates (or copies) are required for Preschool, Pre-kindergarten and Kindergarten and all new enrollees)

First Communion ____/____/____
Date Church City State

School last attended _____
Name and address

Family Information:

Father's Name _____ Religion _____
Last First Middle

Employment _____ Phone _____ Position _____
Company Address

Mother's Maiden Name _____ Religion _____
Last First Middle

Employment _____ Phone _____ Position _____
Company Address

Family Status:

___Married ___Widowed ___Divorced ___Single/Separated

Language spoken at home: _____

Date received	
Letter Sent	School Year
Records Received	Grade
Medical Form Given	

Other Children:

Name	Date of Birth	School	Grade	SJS Alumni
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Parish Information:

In which Parish are you currently registered? _____ How long? _____

How often does your family attend Sunday Mass? Regularly ___ Occasionally ___ Rarely ___

In which Parish activities do you actively participate? _____

Do you consider your family to be faith centered? _____ How? _____

Please list any community service that you and your spouse have been involved with. _____

School Information:

St. Joseph School is a Catholic Faith based learning community whose mission is to assist you as a parent in your religious responsibilities to your children. Do you accept the parental responsibility of this fact in the education of your child? Yes ___ No ___

Why would you like your child to attend St. Joseph School? Include any reasons for leaving your present school.

Does your child have any special needs? Yes ___ No ___

If yes, please explain _____

As a private parochial school, St. Joseph's depends upon Parish subsidy and parent involvement. Will you assume a responsibility by participating in one or more of the following:

___ Lunch (1 1/2 hours per week) ___ School volunteer (1 or more days per week) ___ Library ___ Afterschool Activities
___ Other (Please specify) _____

Do you have any talents which you may share with the school or students?

Art ___ Music ___ Physical Education ___ Technology ___ Other _____

Do you have a B.S. Degree? Yes ___ No ___ Would you consider being a substitute teacher? Yes ___ No ___

Do you have an Associate's Degree? Yes ___ No ___ Would you consider being a teacher's aide? Yes ___ No ___

I certify that the information provided is accurate and complete to the best of my knowledge. I understand that any misrepresentation of fact may be sufficient cause for refusal of admission.

Parent signature(s) _____ Date _____

_____ Date _____

A non-refundable registration fee of \$75.00 should accompany this application form.