



Admissions Application

Please Submit Completed Application to:

St. Joseph Academy - 328 Vine Street, Hammonton, NJ 08037

or email to admissions@stjoseph.academy.

You can also complete online at stjosephacademy.com.

Please type or print clearly. The application must be completed before an admission decision will be made.

APPLICANT INFORMATION

Social Security Number _____ - _____ - _____

Name _____
First Middle Last Preferred Gender

Street _____

City _____ State _____ Zip _____

County _____ Phone _____ Applicant E-Mail _____

Date of Birth _____ City/State of Birth _____ School District _____

Religion _____ Place of Worship _____

SCHOOL INFORMATION

Current School _____ Principal _____ Guidance Counselor (if applicable) _____

Street _____ City _____ State _____ Zip _____ Phone _____

Current Grade: 8 9 10 11

Grade Applying For: 9 10 11 12

<p>Ethnicity (please check all that apply)</p> <p><input type="checkbox"/> African American <input type="checkbox"/> Asian or Pacific Islander</p> <p><input type="checkbox"/> Caucasian <input type="checkbox"/> Native American <input type="checkbox"/> Hispanic or Latino</p> <p><input type="checkbox"/> Other _____</p> <p>Please specify country/culture of origin: _____ (i.e. Mexican, Latin American, Spaniard etc.)</p>	<p>Has a child study team ever evaluated the applicant?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please provide all supporting materials for us to process the application. Providing this information will help us place your child in the appropriate courses.</p> <p>Has the applicant had any private psychological or educational evaluation?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, you must provide all supporting materials for us to process the application.</p>
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FAMILY INFORMATION

Who has legal guardianship / child custody? Both Mother Father Other: _____

Is child custody currently in discussion/question? Yes No Please include all court order documents.

Father's Name _____

First

Middle

Last

Preferred Name

Street

City

State

Zip

Home Phone

Cell Phone

E-Mail

Employer _____

Street

City

State

Zip

Work Phone

High School / College Attended

Degree Earned

Year Graduated

Mother's Name _____

First

Middle

Last

Preferred Name

Street

City

State

Zip

Home Phone

Cell Phone

E-Mail

Employer _____

Street

City

State

Zip

Work Phone

High School / College Attended

Degree Earned

Year Graduated

Other Children in the Family

Name

Age

School/High School/College

Step Parents Name _____

	First	Middle	Last	Preferred Name
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Street	City	State	Zip
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Home Phone	Cell Phone	E-Mail
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Employer _____

Street	City	State	Zip	Work Phone
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High School / College Attended	Degree Earned	Year Graduated
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* Please attach information for a second step-parent (if applicable)

Grandparent's Name _____

	First	Middle	Last	Preferred Name
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Home Phone	Cell Phone	E-Mail
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Grandparent's Name _____

	First	Middle	Last	Preferred Name
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Home Phone	Cell Phone	E-Mail
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Please list the names of relatives who have attended or who are presently attending St. Joseph Academy:

Name	Class Year	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Student _____ Date _____

Signature of Parent _____ Date _____