



WORSHIP WARMTH WISDOM
FOUNDED IN 1849

ST. JOSEPH ELEMENTARY SCHOOL

3275 MAIN STREET . BUFFALO, NEW YORK 14214
WWW.SJSBUFFALO.COM . 716.835.7395

OFFICE USE ONLY

APP DATE _____
FEE PD _____
IMM REC _____
BC REC _____
REP CARD _____
Materials Sent _____
Start Date _____

APPLICATION FOR ADMISSION

*Please submit application with
1) child's birth certificate,
2) child's immunization
records, 3) child's last report
card from previous school if
applicable, and 4) for City of
Buffalo residents, proof of
residency such as a mortgage
statement, a rental agreement
or a utility bill.*

How did you hear about St. Joseph School?

- Saw an Advertisement
_____ Where?
- Found it online
_____ How?
- Was referred by someone
_____ Who?
- Other

Please elaborate

Is it okay for St. Joseph School to use photos of your child in marketing materials? Please make your selection below:

- Yes, print materials only*
- Yes, but not video (DVD or TV)
- Yes, but not Internet
- No

**Please note: Print materials such as brochures may be made available online for downloading.*

Student will be entering grade _____ For September of the school year _____ Today's date _____

Student's Name _____ Gender: Male Female

Student's Home Address _____
Number/Street _____ City _____ State _____

Zip Code _____ Home phone _____ Nickname _____

Date of Birth _____ Place of Birth _____
mm/dd/yyyy _____ City _____ State _____

Student's Ethnicity (circle) Caucasian Black Hispanic Asian Alaskan Multiracial
American Indian Other (please indicate)

Last School Attended by Student _____

Number/Street _____ City _____ State _____ Zip _____

Siblings

Name	Date of Birth	Already attending SJS? Yes or No

Sacraments _____ Date _____ Church _____ City/State _____

Sacraments	Date	Church	City/State
Baptism			
First Penance/Reconciliation			
First Eucharist			

Please circle one Parents are together Parents are divorced* Parents are separated
**If divorced, please provide a copy of the custody agreement to the school.*

Student resides with Mother _____

Salutation and Full name _____

Cell phone _____ Work phone _____ Email address _____

Best way to contact about school news: Mail Email Give to child to bring home

Occupation _____ Employer's name _____

Employer's address _____

Religion _____ Church _____

WANT US TO SEND INFO ABOUT SJS TO YOUR FRIENDS? If you refer a new family to St. Joseph School and the family applies and is accepted, your book fee will be waived!

Please send info about SJS on my behalf to the following families.

Name _____

Address _____

Phone # _____

Email _____

Relation to you _____

Name _____

Address _____

Phone # _____

Email _____

Relation to you _____

Name _____

Address _____

Phone # _____

Email _____

Relation to you _____

Name(s) of Maternal Grandparent(s)

Address of Maternal Grandparent(s)

Home phone Cell phone Work phone Email address

Father

Salutation and Full name

Cell phone Work phone Email address

Best way to contact about school news: Mail Email Give to child to bring home

Occupation Employer's name

Employer's address

Religion Church

Name(s) of Paternal Grandparent(s)

Address of Paternal Grandparent(s)

Home phone Cell phone Work phone Email address

Legal Guardian(s)

Salutation and Full name

Cell phone Work phone Email address

Best way to contact about school news: Mail Email Give to child to bring home

Occupation Employer's name

Employer's address

Religion Church

Home phone Cell phone Work phone Email address

When mail is sent home, to whom would you like it addressed?

Emergency Contacts besides parent(s), legal guardians, and grandparent(s)

#1

Salutation and Full name Address

Relationship to student Home phone Cell phone Work phone

#2

Salutation and Full name Address

Relationship to student Home phone Cell phone Work phone

#3

Salutation and Full name Address

Relationship to student Home phone Cell phone Work phone

If you have any SJS Alumni in your family, please list them below.

Name	Yr. Graduated	Address	Email address

I hereby authorize hospitalization and emergency medical treatment of my child in the event neither I nor the emergency contact person(s) can be reached in a reasonable period of time.

Date Parent/Guardian's Signature