

ST. JOSEPH SCHOOL APPLICATION *2010-2011*

Pre Kindergarten

_____ Male Female _____
STUDENT'S NAME (Last, First, MI) **GENDER** **SOC. SEC. NO.**

DATE OF BIRTH _____ **PLACE OF BIRTH** _____ **HOME PHONE** _____

U.S. CITIZEN: Yes No **RELIGION** _____

PARISH / PLACE OF WORSHIP _____ **CITY** _____

HOME ADDRESS _____

MAILING ADDRESS (if different from Home Address) _____

E-MAIL ADDRESS: _____

PARENTS/GUARDIANS

Father's Name	Religion	
Ethnic Background	Occupation	
Employer	Business Phone	Cell Phone
Employer's Address		

Mother's Maiden Name	Religion	
Ethnic Background	Occupation	
Employer	Business Phone	Cell Phone
Employer's Address		

Marital Status of Parents Please check one of the following:
() Married () Single () Divorced () Separated () Widowed

Complete below if applicable. Documents verifying guardianship required.

Legal Guardian	Religion	
Ethnic Background	Occupation	
Employer	Business Phone	Cell Phone
Employer's Address		

BAPTISM: Date _____ Church _____
 City/State _____

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SCHOOL PRESENTLY ENROLLED IN _____

OTHER PRE SCHOOLS ATTENDED

NAME OF SCHOOL	NUMBER OF YEARS	REASON FOR LEAVING

Has your child ever been tested/evaluated by the DOE or other agencies for any special learning needs? ____Yes ____No

If yes, when was he/she tested/evaluated _____ **Month/Year?**
Please provide a copy of the results.

The Hawaii Catholic Schools must report to the National Catholic Education Association, Federal and local agencies summary data on the sex and ethnic backgrounds of our students. Therefore, it is required that each person applying for admission to a Catholic school indicate his or her ethnic background on the application form. This information does not affect determination of admission.

ETHNIC BACKGROUND (check one only)

- | | |
|--|---|
| <input type="checkbox"/> American Indian
<input type="checkbox"/> Afro-American
<input type="checkbox"/> Chinese
<input type="checkbox"/> Filipino
<input type="checkbox"/> Hawaiian
<input type="checkbox"/> Part Hawaiian
<input type="checkbox"/> Japanese
<input type="checkbox"/> Korean | <input type="checkbox"/> Portuguese
<input type="checkbox"/> Spanish, Cuban, Mexican, Puerto Rican
<input type="checkbox"/> Samoan
<input type="checkbox"/> Caucasian
<input type="checkbox"/> Indo-Chinese
<input type="checkbox"/> Tongan
<input type="checkbox"/> Pacific Islander
<input type="checkbox"/> Other _____ |
|--|---|

PRIMARY LANGUAGE SPOKEN AT HOME (check one only)

- | | |
|---|--|
| <input type="checkbox"/> English
<input type="checkbox"/> Cantonese
<input type="checkbox"/> Mandarin
<input type="checkbox"/> Ilocano
<input type="checkbox"/> Tagalog
<input type="checkbox"/> Cebuano/Visayan
<input type="checkbox"/> Hawaiian
<input type="checkbox"/> Japanese | <input type="checkbox"/> Samoan
<input type="checkbox"/> Vietnamese
<input type="checkbox"/> French
<input type="checkbox"/> German
<input type="checkbox"/> Italian
<input type="checkbox"/> Portuguese
<input type="checkbox"/> Hawaiian
<input type="checkbox"/> Other _____ |
|---|--|

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Parent/Guardian Questionnaire

Mother's First and Last Name	Father's First and Last Name
Child's Name	
Child's Nickname	Birthdate
Siblings: Name	Age
Other relatives/persons living with the family	

1. What influenced you to choose St. Joseph school? Check all that apply.

- Children/relatives attend
- Pearlridge Display in January
- Hawaii Parent Magazine
- Recommendation by friend/family

Other _____

2. Why do you want your child to attend St. Joseph School?

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3. What do you feel is your most important responsibility as the primary educator of your child?

4. What could you do at home to support our school's mission to develop your child spiritually, intellectually, socially, physically, and personally?

5. What could you do to support your child's teacher(s) to achieve their classroom goals for the year?

6. What do you feel are the 2 or 3 most important rules you have set for your child?

7. If your child disobeys these rules, what types of consequences have you set?

8. What types of rewards or positive reinforcements do you provide for your child?

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9. How do you enjoy spending time with your child?

10. Approximately how much time does your child spend on a daily basis:

<i>activity</i>	<i>number of hours</i>
a. watching television	
b. playing	
c. reading	
d. napping	
e. sleeping	

11. Describe your child's attitude towards learning.

12. What are your child's greatest strengths?

13. What are your child's areas for growth?

14. Describe your child's general personality.

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15. Please list problems or special needs connected with sleep.

16. Does your child have any certain habits?

17. Does your child interact or play with other children? How often and where?

18. List any definite FEARS/STRESS.

19. In those times, what comforts your child?

20. Does your child have any particular INTERESTS?

21. What words are used for Bowel Movement and Urination?

22. What are your child's bathroom schedule and needs? Any regression in potty training?
What triggered it?

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RELEASE AND CONSENT FORM

DATE _____

Please send a copy of my son/daughter's records inclusive of his/ her current report card or progress report and a teacher reference letter to **ST. JOSEPH SCHOOL** at the address below, by **January 29, 2010**. I have included a self-addressed stamped envelope.

**Admissions Office
St. Joseph School
94-651 Farrington Highway
Waipahu, Hawaii 96797**

STUDENT'S NAME _____

PARENT/GUARDIAN SIGNATURE _____

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Tuition Credit Referral Form

Name of Family _____
Last Name

Name of Child(ren)	Grade Entering in 2010-2011

If the person who recommended St. Joseph School to you has children presently attending our School, they will receive a \$250 tuition credit for every new student they recommended who enrolls in St. Joseph School. The tuition credit is our way to say thank you for their support of our school.

The name of the person who recommended St. Joseph School to me (us) is _____ . I (We) would like this family to receive a tuition credit of \$250 for every child I (we) have attending St. Joseph School next year.

Parent Signature

Date