



# St. Joseph Parish School

Application for Admission  
2018-2019

## Application for Admission Checklist (School Year 2018-2019)

### STEP ONE: APPLICATION FORM – *Keep this Admission Checklist for your records*

- Completed Application Form – deadline is: **January 31, 2018**
- Non-Refundable \$30 application fee (Check payable to: St. Joseph Parish School)

### STEP TWO: SUPPORTING DOCUMENTS – Supporting documents should be sent either with the Application or as soon as they are available.

- Copy of student's birth certificate
- Copy of current report card and/or progress report (if available)
- Official transcript of grades and latest standardized test scores (if applicable)
- CONFIDENTIAL TEACHER REPORT completed by your child's current teacher. (Parents: deliver form to current teacher along with a stamped envelope addressed to St. Joseph Parish School.)
- Baptismal Certificate (if applicable)

### STEP THREE: ADMISSION TESTING

- Applicants for grades K-8 will be mainly assessed in the areas of language arts and math. Applicants may be observed/assessed in the areas of fine motor skills, language development, behavior and academic readiness.
- Admission testing will be conducted on **Saturday, February 3, 2018** for PreK-8<sup>th</sup> grades.

### STEP FOUR: FINANCIAL AID – Limited financial assistance is available. Applicants for financial aid must meet certain criteria which require a separate aid application form to be completed. Forms are available in January.

Financial Aid Institution	Website	Deadline to Apply
Augustine Educational Foundation (Maximum Award: \$1000/student)	<a href="http://www.augustinefoundation.org">www.augustinefoundation.org</a>	Deadline: To Be Announced

### STEP FIVE: DECISION LETTERS - Decision letters (acceptance, wait pool status, non-acceptance) for the 2018-2019 School Year will be mailed on March 2, 2018. For those applying at a later date, decision letters will be handled with due attention.

### STEP SIX: HEALTH DOCUMENTATION – If accepted, the following forms are **required** prior to school entry (forms must be stamped and signed by the physician)

- State of Hawaii Health Form #14 (or proof of appointment for physical-form to be turned in after)
- Up-to-date immunization records, including current IPPD (TB test) given within 12 months prior to the date of attendance (no earlier than August 2017)
- Oahu applicants transferring from a local school must obtain the Certificate of Release and Health Records on file with their current school.
- CSL Sports Waiver form for students in grades 4-8 participating in school sports.



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FOR OFFICE USE	
App recd	Fee
brthcert <input type="checkbox"/>	sscard <input type="checkbox"/>
rptcard <input type="checkbox"/>	baptism <input type="checkbox"/>
Testing:	
acp ltr/forms sent:	
SOH <input type="checkbox"/>	imm/TB <input type="checkbox"/>
deposit:	

Application Fee: \$30.00

Payable to: St. Joseph Parish School

Grade applying for: PreK  K  1  2  3  4  5  6  7  8  Gender: M  F

### APPLICANT INFORMATION

Student's Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Applicant's Religion \_\_\_\_\_ (If Catholic, current parish)

**Ethnic Background (check one only):**

- American Indian/Native Alaskan
- Asian
- Black/African-American
- Hispanic/Latino
- Native Hawaiian/ Pacific Islander
- Caucasian
- Two or more races

**Language(s) spoken at home:**

- English
- Other: \_\_\_\_\_

*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.*

Complete Mailing Address or P.O. Box \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone Number \_\_\_\_\_

### PARENT/GUARDIAN INFORMATION

Birth Father  Stepfather  Guardian

Birth Mother  Stepmother  Guardian

Name (Last, First, M.I.) \_\_\_\_\_

Name (Last, First, M.I.) \_\_\_\_\_ Maiden \_\_\_\_\_

Religion \_\_\_\_\_ Cell Phone \_\_\_\_\_

Religion \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_

Employer \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Occupation/Title \_\_\_\_\_

E-mail Address \_\_\_\_\_

E-mail Address \_\_\_\_\_

**Parents' Status:**  Married  Single  Legally Separated\*  Divorced\*  Widowed

*\* If legally separated, divorced or appointed as legal guardian, please attach a copy of the divorce decree or custody order to clarify the legal custodial status of the applicant.*



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	Date	Church	City/State
Baptism			
1 <sup>st</sup> Reconciliation			
1 <sup>st</sup> Communion			

SCHOOL PRESENTLY ENROLLED : \_\_\_\_\_

### PLEASE LIST OTHER SCHOOLS ATTENDED (including Pre-School)

NAME OF SCHOOL	NUMBER OF YEARS	GRADES

### Catholic Teaching Curriculum Agreement-Hawaii Catholic Schools

All Diocese of Honolulu schools are required to provide parents the statement below that must be read and signed to be considered for enrollment in a Catholic School.

*“The mission of Catholic education in the Roman Catholic Diocese of Honolulu is to form children who are nourished spiritually; intellectually, and liturgically to share the presence of Christ in the world. Our Catholic educational institutions are obligated by our faith to shape our youth by immersing students in curriculum and experiences rooted in Catholic teaching and doctrine with emphasis on morality and Christian character building. This formation paired with 21<sup>st</sup> Century academics and teaching methods are critical for success at any Catholic educational institution in Hawaii. Each family has choices in the education and faith formation of their children. We expect all families who have chosen to enroll their children to share fully in the light of Christ and to cooperate and support the mission and activities of Catholic School education in the Diocese of Honolulu.”*

I/We certify that information provided on this application is true and accurate. I/We have read and agree to abide by the Catholic Teaching curriculum-Hawaii Catholic Schools.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Please mail or submit your completed application to:**

**St. Joseph Parish School**  
Admissions Office  
94-651 Farrington Hwy.  
Waipahu, HI 96797



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## PARENT/GUARDIAN QUESTIONNAIRE

Parent/Guardian Name:	Date:
Applicant's Name:	Grade Entering:

**1. What influenced you to choose St. Joseph Parish School? Check all that apply.**

- Children/relatives attend
- Recommendation by friends or family
- Advertisement
- Website
- Other \_\_\_\_\_

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

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**3. As the primary educator of the moral, spiritual and intellectual guidance of your child, what do you feel is your most important responsibility?**

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**4. What could you do at home to support our school's mission to help with the development of your child?**

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## TUITION CREDIT REFERRAL FORM

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

**Family Name of Applicant (last name):** \_\_\_\_\_

Name of student(s)	Grade entering in 2018-2019

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date



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## CONFIDENTIAL TEACHER REPORT Grades Kindergarten – 8<sup>th</sup> Applicant

**Student's Name:** \_\_\_\_\_ **Grade applying for:** \_\_\_\_\_

**CLASS LEVEL:**  Accelerated  High  Average  Low  Heterogeneous

**ACADEMIC EVALUATION:** Please check appropriate ratings

- Academic potential  limited  fair  average  good  outstanding
- Academic achievement  below expectations  as expected  above expectations
- Self-motivation  very little  some desire to learn  sets high goals
- Effort, drive  limited  occasional  sporadic  good  maximum
- Study habits  poor  fair  good  excellent
- Intellectual curiosity  limited  occasional  strong  intense and varied
- Ability to work in a group  great difficulty  unable to cope  usually effects  always works well
- Participates in discussion  rarely  dominates  when called on  occasionally  always
- Reads for pleasure  rarely  if prodded  occasionally  frequently  constantly
- Ability to write (ideas/mechanics)  limited  fair  good  excellent
- Ability to express ideas orally  limited  some difficulty  good  excellent
- Time management  poor  occasionally wastes  usually uses well  always effective
- Organization of work  poor  fair  average  good  excellent
- Follows directions  need much explanation  occasionally needs help  quickly and correctly
- Uses suggestions or corrections  rarely needs  needs reminding  usually  always

(CONTINUED ON NEXT PAGE)



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- Critical and abstract Thinking  weak  occasional insight  frequently good  exceptional
- Seeks help when needed  rarely  occasionally  usually  always
- Attention span  easily distracted  occasionally distracted  usually good  exceptionally good
- Maturity (in terms of age and grade)  very immature  somewhat immature  at level  above level
- Integrity and honesty  cannot be trusted  questionable  usually trustworthy  highly developed
- Consideration of others  thoughtless  seldom considerate  usually considerate  always considerate
- Social adjustment with peers  has serious issues  frequent minor issues  occasional issues  healthy
- Leadership potential  follower  leads when put in position  seeks opportunities  natural leader
- Initiative  never initiates  rarely shown  occasionally  frequent display
- Classroom conduct  disruptive  occasionally disrupts  usually good  always good
- Emotional stability  insecure  overly tense  attention-getter  stable
- Personality  withdrawn  overly aggressive  pleasing  unusually interesting
- Sense of humor  rarely laughs or smiles  normal  good  delightful
- Self Confidence  need reassurance  appears overly confident  needs some support  healthy self-image
- Fulfills responsibilities  rarely  sometimes  usually  always
- Cooperates with adults  rarely  sometimes  usually  always
- Cooperation of parents or guardians  poor  fair  good  outstanding

(CONTINUED ON NEXT PAGE)



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Revised 9/2017



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### PLEASE CHECK WORDS WHICH DESCRIBE THIS STUDENT:

- |   |                                      |  |   |                                     |                                     |
|---|--------------------------------------|--|---|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> passive            | <input type="checkbox"/> vivacious   | <input type="checkbox"/> good-humored  | <input type="checkbox"/> friendly                                 | <input type="checkbox"/> well-liked | <input type="checkbox"/> aloof      |
| <input type="checkbox"/> sociable           | <input type="checkbox"/> belligerent | <input type="checkbox"/> forthright    | <input type="checkbox"/> shy                                      | <input type="checkbox"/> sullen     | <input type="checkbox"/> aggressive |
| <input type="checkbox"/> stubborn           | <input type="checkbox"/> cheerful    | <input type="checkbox"/> self-centered | <input type="checkbox"/> poised                                   | <input type="checkbox"/> nervous    | <input type="checkbox"/> irritable  |
| <input type="checkbox"/> easily discouraged |                                      | <input type="checkbox"/> persistent    | <input type="checkbox"/> influential (wholesomely, unwholesomely) |                                     |                                     |

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Subject Taught: \_\_\_\_\_ School: \_\_\_\_\_

### MAIL DIRECTLY TO:

St. Joseph Parish School  
 Admissions Office  
 94-651 Farrington Hwy.  
 Waipahu, HI 96797

*Thank you!*



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## RELEASE AND CONSENT FORM

Date: \_\_\_\_\_

Please send a copy of my son/daughter's school records to ST. JOSEPH PARISH SCHOOL at the address listed below.

1. Student Records
2. Health & Medical
3. Psychological Evaluation
4. IEP or assessment reports
5. Any other pertinent information regarding named student

**Mail to:**                    **St. Joseph Parish School**  
**Admissions Office**  
**94-651 Farrington Hwy.**  
**Waipahu, HI 96797**

Student's Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_



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