



St. Joseph Parish School

Application for Admission
2019-2020

Application for Admission Checklist (School Year 2019-2020)

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

- Completed Application Form – deadline is: **January 31, 2019**
- 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 2, 2019** for PreK-8th 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. Online applications are available in January 2019.

Financial Aid Institution	Website	Deadline to Apply
Augustine Educational Foundation (Maximum Award: \$1000/student)	www.augustinefoundation.org	Deadline: To Be Announced

There is a \$500 discount if tuition is paid in full to the office by June 21, 2019

STEP FIVE: DECISION LETTERS - Decision letters (acceptance, wait pool status, non-acceptance) for the 2019-2020 School Year will be mailed on March 1, 2019. 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 2018)
- 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 Only

Fee:	birthcert <input type="checkbox"/> baptism <input type="checkbox"/>
Testing:	
accpt ltr/forms sent:	return due date:
SOHH <input type="checkbox"/> imm/TB <input type="checkbox"/> Form 908 <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 Native Hawaiian/ Pacific Islander
 Asian Caucasian
 Black/African-American Two or more races
 Hispanic/Latino

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 st Reconciliation			
1 st Communion			
Confirmation			

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 21st 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?

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

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 – 8th 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

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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 honestly 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

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Revised 10/2018



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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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