



Saint Joseph High School

FRESHMAN APPLICATION FOR ADMISSION

Application Checklist

- ▶ **Mail completed application with the \$50 application fee* to:**

Saint Joseph High School
Admissions Office
800 Montana Avenue
Natrona Heights, PA 15065

**Please make your check payable to Saint Joseph High School.*

- ▶ **Take the placement test at SJHS.**
To register, contact the Admissions Office: (724) 226-4932, admissions@saintjosephhs.com

Placement Test Dates:

- December, 2nd Saturday
- January, 2nd Saturday
- April, TBD (make-up only)

Upon acceptance to SJHS, a \$100 commitment deposit is required to secure a place in the freshman class.

Questions? Contact the Admissions Office at (724) 226-4932 or admissions@saintjosephhs.com.

Student Information

Date _____ Applying for Grade _____ Female Male

Student's Name _____
please print Last Name First Name Middle

Address _____
Street/Box # City State Zip County

Home Telephone _____ Student E-mail _____

Date of Birth _____ Place of Birth _____ SS # _____

Current School _____ Grade _____ Home School District _____

Religion _____ Parish/Church/Other _____

Pastor _____ Diocese _____

Parish/Church/Other Address & Phone Number _____

Has your child ever been identified as having a disability? (yes/no) _____
(If yes, please explain or enclose a copy of evaluation.)

Has your child ever been provided with an IEP (Individual Education Plan)? _____
(If yes, please attach a letter detailing the reasons or a copy of the IEP.)

Sacraments

	Year	Parish	City
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Baptism	_____	_____	_____
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First Communion	_____	_____	_____
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Confirmation	_____	_____	_____
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Family Information

	Siblings		
Name	Grade	School/College Attending	

_____	_____	_____	
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_____	_____	_____	
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_____	_____	_____	
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Relatives who have attended Saint Joseph High School

Name	Relationship	Graduation Year
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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Parent(s) or Legal Guardian(s) Information

Title Mr. Mrs. Ms. Dr. Rev. Other

Name _____
First Middle Last

Relationship to Student _____

Address _____
Street/Box # City State Zip County

Telephone Home _____ Cell _____ Work _____

E-mail _____

Religion _____ Parish/Church/Other _____

High School Attended _____ Graduation Year _____

Post Secondary Education _____ Degree _____

Employer _____ Occupation _____

Should receive correspondence from Saint Joseph High School? YES NO

Title Mr. Mrs. Ms. Dr. Rev. Other

Name _____
First Middle Last

Relationship to Student _____

Address _____
Street/Box # City State Zip County

Telephone Home _____ Cell _____ Work _____

E-mail _____

Religion _____ Parish/Church/Other _____

High School Attended _____ Graduation Year _____

Post Secondary Education _____ Degree _____

Employer _____ Occupation _____

Should receive correspondence from Saint Joseph High School? YES NO

With whom does the student live?

Both Parents Father Mother Mother/Stepfather Father/Stepmother Joint Custody

Other (please specify) _____

Father Deceased Mother Deceased Parents Divorced Parents Separated

Your application will be considered complete when the following has been received:

- a completed Freshman Application for Admission form
- \$50 application fee*

*Please make your check payable to Saint Joseph High School.

I certify that the information supplied on this application is complete and accurate.

I further understand that submission of inaccurate information or false documentation is grounds for rejection of this application.

Signature _____

Parent/Legal Guardian

Date

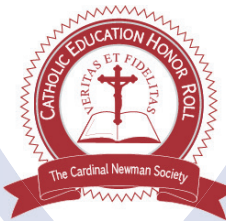
Signature _____

Student

Date

*Thank you for considering
Saint Joseph High School
to help you discover and develop
your God-given gifts.*

*Our faculty are ready
to welcome you into
our school community!*



SaintJosephHS.com