



St. Joseph High School

PLOT #3 MOUNT PLEASANT
ROUTE 2, FREDERIKSTED
ST. CROIX, U.S. VIRGIN ISLANDS 00840

Tel: (340) 692-2455
Fax: (340) 692-2458

APPLICATION FOR ADMISSION

STUDENT INFORMATION

Name: _____
 First MI Last

Mailing Address: _____

Physical Address: _____

Sex: _____ Age: _____ Phone(s): _____

Grade Entering: _____ Social Security: _____

Date of Birth: _____ Place of Birth: _____

U.S. Citizen: _____ Yes or No _____

If not U.S. citizen, stipulate status: _____ (Include documentation.)

Previous
School Attended: _____ City/State:

Have you ever been expelled from any previous school? Yes _____ No _____

(If yes, attach an explanation.)

Allergies/
Medical Conditions: _____ Regular Medication:

Student
Lives With: _____ Relationship:

PARENT(S)/LEGAL GUARDIAN INFORMATION:

1) _____ Relationship:

First Name MI Last Name

Mailing Address: _____

Physical Address: _____

Phones: Day _____ Evening: _____ Cell: _____

Occupation and Employer: _____

PARENT/LEGAL GUARDIAN INFORMATION (cont'd):

2) _____ Relationship: _____

_____ MI _____
First Name Last Name

Mailing Address: _____

Physical Address: _____

Phones: Day _____ Evening: _____ Cell: _____

Occupation and Employer: _____

RELIGION INFORMATION:

Is the student Catholic? Yes or No Has the student been baptized? Yes or No

If baptized, please indicate:

Date of Baptism: _____ Church: _____

City _____ Church _____
and State: _____ Presently Attending: _____

If Catholic, indicate if the student has received:

_____ *First Penance* _____ *First Communion* _____ *Confirmation*

Is the parent/legal guardian Catholic? Yes or No

Name of Parish: _____

This application for admission to St. Joseph High School is made on behalf of my son / daughter / ward, with acceptance of the policies and regulations of the school.

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

SIGNATURE OF PARENT/LEGAL GUARDIAN DATE

The parent/legal guardian is responsible for informing the school office, in writing, of any changes in the above information.

Copies of the following documents must accompany this form:

_____ Birth Certificate _____ Social Security Card

_____ Baptismal Certificate

_____ Proof of Immigration Status (if applicable)

_____ Verification of Legal Guardianship (if applicable)

Form

_____ Official Transcript

_____ Emergency Card

_____ Completed Physical