

**ST. JOSEPH CATHOLIC SCHOOL**

215 S. Craycroft Road

Tucson, AZ 85711

Phone: (520)747-3060 Fax: (520)747-2024

**APPLICATION FORM**

STUDENT INFORMATION (please print)

Last Name: _____	Gender: male female
First Name: _____	Grade: _____ Next Year: _____
Middle Name: _____	Birth Date: _____
Home Phone: _____	
Primary Address: _____	
City State Zip: _____	

STUDENT #2 INFORMATION

Last Name: _____	Gender: male female
First Name: _____	Grade: _____ Next Year: _____
Middle Name: _____	Birth Date: _____

STUDENT #3 INFORMATION

Last Name: _____	Gender: male female
First Name: _____	Grade: _____ Next Year: _____
Middle Name: _____	Birth Date: _____

STUDENT #4 INFORMATION

Last Name: _____	Gender: male female
First Name: _____	Grade: _____ Next Year: _____
Middle Name: _____	Birth Date: _____

CUSTODIAL PARENT(S) INFORMATION

(circle) Ms. Mrs. Mr.	Ms. Mrs. Mr.
Last Name: _____	Last Name: _____
First Name: _____	First Name: _____
Middle Initial: _____	Middle Initial: _____
Relation to child: _____	Relation to child: _____
Cell Phone: _____	Cell Phone: _____
Email: _____	Email: _____
Receive Correspondence: yes / no	Receive Correspondence: yes / no

REQUIRED DOCUMENTS FOR EACH CHILD - prior to assessment, interview and shadow day

- Most current grade evaluation (report card, progress report, etc.)
- Standardized test scores
- Special services documentation (IEP, ISP, 504 plan, etc.)
- Emergency form