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**APPLICATION FOR ADMISSION  
ST. JOSEPH SCHOOL PK-5  
BEATRICE, NEBRASKA**

**Registration Fee \$25.00** - For Preschool, Kindergarten & New Families K-5 Due with application Date \_\_\_\_\_

**\*Birth Certificates and Baptismal Certificates must accompany this application\***

Child's Name \_\_\_\_\_  
Last First Middle Preferred First Name/Nickname

Address \_\_\_\_\_  
Number Street/Avenue Zip Phone

Child's Birthdate \_\_\_\_\_ Place of Birth \_\_\_\_\_  
City State

Gender (please circle) Male Female Ethnic background \_\_\_\_\_

**Grade Entering** \_\_\_\_\_ **For School Year** \_\_\_\_\_

**Class Preference PK Only (please circle):** 3 Yr. Old Mornings T, Th 4 Yr. Old Mornings M,W,F 4 Yr. Old Afternoons M-F

Are you registered in St. Joseph Parish? Yes \_\_\_\_\_ No \_\_\_\_\_

If no, which parish? \_\_\_\_\_

Living with: (please circle) Both Parents Mother only Father only Legal Guardian (not a parent)  
Stepmother Stepfather Mother & Stepfather Father & Stepmother Other \_\_\_\_\_

Divorced No \_\_\_\_\_ Yes \_\_\_\_\_ (In case of a divorce, please provide the school with a copy of the custodial agreement.)

School or Preschool last attended \_\_\_\_\_ Reason for transferring \_\_\_\_\_

**Baptism**

**First Holy Communion**

**Confirmation**

Sacrament received (yes or no) \_\_\_\_\_

Copy of certificate (yes or no) \_\_\_\_\_

**FAMILY DATA**

Father or Guardian

Mother or Guardian

Name \_\_\_\_\_ Maiden Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Date & Place of Birth \_\_\_\_\_ Date & Place of Birth \_\_\_\_\_

Religion \_\_\_\_\_ Living ( ) Deceased ( ) Religion \_\_\_\_\_ Living ( ) Deceased ( )

**Email Addresses** (to be used weekly as a form of communication) \_\_\_\_\_

Others at home:

Name	Age	Relationship	Name	Age	Relationship	Name	Age	Relationship
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____

Significant health factors \_\_\_\_\_

Other significant data \_\_\_\_\_