

# ST. JOSEPH SCHOOL

825 Second Street † Verona, PA 15147 † (412) 828-7213

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## APPLICATION FOR ADMISSION

Today's Date \_\_\_\_\_ Grade your child will be in September \_\_\_\_\_

Student's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Home Phone Number (\_\_\_\_\_) \_\_\_\_\_

Cell Phone Number (\_\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place \_\_\_\_\_ Religion \_\_\_\_\_  
(For Kindergarten registration we need the original birth certificate)

Parish you are registered with \_\_\_\_\_ How Long \_\_\_\_\_

Father's Name \_\_\_\_\_ Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Guardian \_\_\_\_\_

Marital Status: \_\_\_\_\_ Married \_\_\_\_\_ Separated \_\_\_\_\_ Divorced \_\_\_\_\_ Single Parent

Child's Sacrament Record: (Church and location)

Date of Baptism \_\_\_\_\_ Place \_\_\_\_\_  
(If other than St. Joseph Verona, a copy of the Baptism Certificate is required.)

Reconciliation : \_\_\_\_\_ Communion: \_\_\_\_\_

Confirmation: \_\_\_\_\_

Will your child ride the school bus? \_\_\_\_\_ Yes \_\_\_\_\_ No

Place of Residence (taxes paid to): \_\_\_\_\_ Penn Hills \_\_\_\_\_ Verona \_\_\_\_\_ Oakmont  
\_\_\_\_\_ Plum \_\_\_\_\_ Other \_\_\_\_\_

Has your child ever had an IEP? (Educational Testing ) \_\_\_\_\_ Yes \_\_\_\_\_ No

Present school that your child attends \_\_\_\_\_

Records must be received before letter of acceptance is sent!

To the best of my knowledge the above information is correct. \_\_\_\_\_

(Sign

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*Continuing the Tradition ~ Looking Toward the Future*