



# St. Joseph Catholic School System New Student Application · 2017-2018

Elementary Campus: 901 E. Wm. Joel Bryan Pkwy., Bryan, TX 77803 • Phone: 979-822-6643  
Secondary Campus: 600 S. Coulter Dr., Bryan, TX 77803 • Phone: 979-822-6641  
Fax: 979-779-2810 • www.stjosephschoolbcs.org

Registration Fees: \$150 for returning students, \$200 for new students, \$1,000 for new international students.

Application Date: \_\_\_\_\_ Expected Start Date: \_\_\_\_\_

Application for Grade: \_\_\_\_\_ (Families with multiple children may complete all but "Student's Name" and make copies for each student.)

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## Student Information

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

Home Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

Ethnic Background: \_\_\_\_\_ Language spoken at home: \_\_\_\_\_

Religious Preference: \_\_\_\_\_ Church or Parish: \_\_\_\_\_

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## Parent Information

Student lives with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian

Father's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Religious Preference: \_\_\_\_\_ Education (Highest): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Religious Preference: \_\_\_\_\_ Education (Highest): \_\_\_\_\_

Guardian's Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Home Address (if different from above): \_\_\_\_\_

Place of Work: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Religious Preference: \_\_\_\_\_ Education (Highest): \_\_\_\_\_

**Previous Educational Affiliation**

Has the student previously attended any other schools: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list which school the student last attended and when. \_\_\_\_\_

\_\_\_\_\_

Name of the public school student would attend. \_\_\_\_\_



**Student Religious Information**

Baptism \_\_\_\_\_ First Reconciliation \_\_\_\_\_ First Communion \_\_\_\_\_ Confirmation \_\_\_\_\_

Date \_\_\_\_\_

Church \_\_\_\_\_

City & State \_\_\_\_\_

Did your child attend instruction in the Catholic faith last year? \_\_\_\_\_ No \_\_\_\_\_ Yes: \_\_\_\_\_ RE \_\_\_\_\_ Catholic School



**Medical History**

Has your child had any of the following? Please indicate the approximate age at which he or she had, or was diagnosed with, the ailment.

\_\_\_\_\_ Measles (Rubcola-red-10days) \_\_\_\_\_ Measles (Rubella-German-3days) \_\_\_\_\_ Mumps \_\_\_\_\_ TB

\_\_\_\_\_ Chicken Pox \_\_\_\_\_ Scarlet Fever \_\_\_\_\_ Polio

Does your child have any of the following? Answer Yes or No

\_\_\_\_\_ Asthma \_\_\_\_\_ Allergies:  Type 1-general dust mold or  Type 2 Medications

\_\_\_\_\_ Diabetes \_\_\_\_\_ Heart Disease \_\_\_\_\_ Convulsions

\_\_\_\_\_ Kidney or Bladder Problems \_\_\_\_\_ ADD / ADHD \_\_\_\_\_ Frequent Nose Bleeds

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

Is the student on any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please state: \_\_\_\_\_

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ When Taken: \_\_\_\_\_

For Office Use Only

Date form returned: \_\_\_\_\_  
Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_