

Saint Joseph High School

Be a Champion!



Be a Wildcat!

Admissions Application

Please Submit Application to:

Office of Advancement
Saint Joseph High School
328 Vine Street
Hammonton, NJ 08037

Donna Kramer, Enrollment Coordinator
609-561-8700, extension 121
609-561-8701 - Fax
dkramer@stjoek12.org

Please type or print clearly in ink. The application must be completed before an admission decision will be made.

APPLICANT INFORMATION

Social Security Number: _____

Name _____
First Middle Last Preferred Gender

Street _____

City _____ State _____ Zip _____

County _____ Home Phone _____ Applicant E-Mail _____

Date of Birth _____ City/State of Birth _____ Public High School District _____

Religion _____ Place of Worship _____

Optional (check one) African American Hispanic Asian American
 Caucasian Native American Other _____
Please specify

Present School _____ Principal _____ Guidance Counselor (If applicable) _____

School Street _____ City _____ State _____ Zip _____ Phone Number _____

Present Grade: 8TH 9TH 10TH 11TH Grade Applying For: 9TH 10TH 11TH 12TH

Has a child study team ever evaluated the applicant? Yes No

If yes, you must provide all supporting materials for us to process the application.

Has the applicant had any private psychological or educational evaluation? Yes No

If yes, you must provide all supporting materials for us to process the application.

Please list the names of relatives who have attended or who are presently attending Saint Joseph High School.

Name	Class Year	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY INFORMATION

Father's Name _____
 First Middle Last Preferred Name

Street City State Zip

Home Phone Cell Phone E-Mail

Father's Employer _____

Work Street Work City Work State Work Zip Work Phone

High School/College Attended Degree Earned Year Graduated

Mother's Name _____
 First Middle Last Preferred Name

Street City State Preferred Name

Home Phone Cell Phone E-Mail

Mother's Employer _____

Work Street Work City Work State Work Zip Work Phone

High School/College Attended Degree Earned Year Graduated

With whom does the applicant reside? _____

Who has Legal Guardianship/Child Custody (if applicable)? _____

Please include all court order documents.

Other Children in the Family

Name _____ Date of Birth _____ School/High School/College _____

Step-Parent's Name _____

First

Middle

Last

Preferred Name

Street _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____ E-Mail _____

Step-Parent's Employer _____

Work Street _____ Work City _____ Work State _____ Work Zip _____ Work Phone _____

High School/College Attended _____ Degree Earned _____ Year Graduated _____

Please attach information for a second step-parent

Grandparent's Name _____

First

Middle

Last

Preferred Name

Home Phone _____ Cell Phone _____ E-Mail _____

Grandparent's Name _____

First

Middle

Last

Preferred Name

Home Phone _____ Cell Phone _____ E-Mail _____

