

**St. Joseph School**  
"A Blue Ribbon School"



750 Peachtree Street  
Herndon, VA 20170  
Ph. 703-880-4350 / Fax 703-880-4320

2009-2010

Dear Parents,

Thank you for your interest in St. Joseph School, a nationally recognized Blue Ribbon School. Enclosed are the necessary application forms for 2010-2011 school year. Following the formal re-enrollment of current students, registrations will be accepted for any available spaces and the remaining registrations will be placed on a waiting list. It is recommended to register your child for a waiting list status, as circumstances may alter enrollment, and thus an acceptance made. There will be a minimal non-refundable registration fee of \$75.00 **per registration** to cover the processing and material costs.

The following information must be returned to St. Joseph's School.

- a) **Completed Application for Admissions Form**
- b) **Copy of Baptismal Certificate**
- c) **Copy of Birth Certificate**
- d) **A \$75.00 check issued to St. Joseph's School (this is a non-refundable processing fee per applicant).**
- e) **First Grade applicants - completed PINK school information sheet. \*\***
- f) **Second through Eighth Grade applicants - completed IVORY school information sheet and copy of most recent report card. \*\***

**\*\*THE SCHOOL INFORMATION FORM SHOULD BE PROVIDED BY THE PARENT TO THE SCHOOL THAT A STUDENT IS CURRENTLY ATTENDING, AND UPON COMPLETION, THE SCHOOL WOULD SEND THE REQUESTED INFORMATION TO ST. JOSEPH SCHOOL.**

To be considered for the initial registration, the completed application should be received in the St. Joseph's School Office **no later than March 1<sup>st</sup>, 2010**. Parents will then receive notification of acceptance or waiting list status via the mail **during the week of March 22<sup>nd</sup>, 2010**.

Thank you for your cooperation in the registration process. I look forward to meeting your family and building a solid Catholic Education for your child.

Sincerely,

*Mrs. Cargill*  
Mrs. Cargill  
Principal





*Diocese of Arlington*  
*Application for Admission*

*Application Date* \_\_\_\_\_

*Name of School* \_\_\_\_\_ *School Year* \_\_\_\_\_ *Applying for Grade* \_\_\_\_\_

**STUDENT DATA**

Legal Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Nickname \_\_\_\_\_

Sex \_\_\_\_\_ Social Security Number \_\_\_\_\_ (Optional) Date of Birth \_\_\_\_\_ City & State of Birth \_\_\_\_\_  
(mm / dd / yy)

Country of Birth (if outside United States of America) \_\_\_\_\_

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

Home Telephone \_\_\_\_\_ Public School System in which student resides \_\_\_\_\_ Public School Child Would Attend \_\_\_\_\_

Email where official school communication can be sent \_\_\_\_\_

Check all that apply: Only Child at this school?  yes  no      Oldest Child at this school?  yes  no

If not oldest, name of oldest sibling at school \_\_\_\_\_ Grade \_\_\_\_\_

**Previous Schools Attended:**

Name of School	Dates	Grades	Location	Telephone
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Religion: \_\_\_\_\_ Baptized?  yes  no

For Catholic Applicants:	Date	Church	City and State
Baptism	_____	_____	_____
Reconciliation	_____	_____	_____
First Eucharist	_____	_____	_____
Confirmation	_____	_____	_____

## Family Background

Mother

Father

Full Name \_\_\_\_\_

\_\_\_\_\_

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

Country of Birth (if outside USA) \_\_\_\_\_

\_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

\_\_\_\_\_

Cell Phone \_\_\_\_\_

\_\_\_\_\_

Work Phone \_\_\_\_\_

\_\_\_\_\_

Work Email \_\_\_\_\_

\_\_\_\_\_

Occupation \_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_

\_\_\_\_\_

Religion \_\_\_\_\_

\_\_\_\_\_

Parish \_\_\_\_\_

\_\_\_\_\_

Primary language spoken in the home \_\_\_\_\_

\_\_\_\_\_

Name and Address of person responsible Name \_\_\_\_\_

for tuition/fees payment: Address \_\_\_\_\_

Marital Status:

Married

Single

Separated

Divorced\*

Mother deceased

Father deceased

Father Remarried

Mother Remarried

*\*Note: In the event of a divorce, decree of custody must be filed in the school office, as well as any specific instructions regarding release of the child to a parent.*

Grandparent Information:

Paternal: Name \_\_\_\_\_ Complete Address: \_\_\_\_\_ Phone \_\_\_\_\_

Maternal: Name \_\_\_\_\_ Complete Address: \_\_\_\_\_ Phone \_\_\_\_\_

Diocese of Arlington

Office of Catholic Schools  
2006

Student lives with:  Both Parents  Mother  Father  Guardian (**if checked, fill out below**)

Guardian Name \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 Occupation \_\_\_\_\_ Employer \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Religion \_\_\_\_\_ Parish \_\_\_\_\_

Has your student ever been tested or evaluated for any disability [i.e., Learning Disabilities, Attention Deficit (Hyperactivity) Disorder, Emotional Disabilities, etc.], English as a Second Language, or medical condition?  Yes  No

If yes, please describe on a separate sheet of paper any disability or medical condition that may affect the applicant's ability to fully participate in the academic and/or other programs provided at our school. If applicable, please provide dates of IEP, Student Assistance Plan, Special Ed Child Study, Special Ed Eligibility Date from base public school and Special Ed Triennial.

If you are requesting an adjustment or accommodation to allow participation to any program, please describe your request. Please Provide sufficient evidence to allow us to assess your situation. We may request additional information from you and from an appropriate health professional.

Information about disabilities is requested for the sole purpose of determining whether the school can provide the applicant with an appropriate education or reasonable accommodation and will not be considered in determining whether he/she is otherwise qualified for admission.

The following optional but helpful information is for use in applying for Federal Grants and NCEA Data Bank Information:

Ethnic status of child:  American Indian/Native Alaskan  Asian  Black  Hispanic  Native Hawaiian/Pacific Islander  
 White  Multi-Racial  All Others

To be considered for admission, the following documents, including a non-refundable application fee, must accompany this application:

1. Copy of Baptismal Certificate (Catholics only)
2. Immunization record
3. Copy of Custody decree (if applicable)
4. Copy of birth certificate must be presented to school personnel for verification.
5. Current report card including comments **and** the two previous academic years' report cards
6. Current standardized test scores plus the two previous years, if available
7. A non-refundable application fee
8. Commonwealth of Virginia School Entrance Health Form (**Must be submitted prior to beginning of school year, once an acceptance has been offered**)

\_\_\_\_\_

Printed Name of Parent/Guardian

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Parent/Guardian

**OFFICE USE ONLY:**

Application Date _____	Application Fee _____	Birth Certificate _____
Baptismal Certificate _____	Immunization Record _____	Physical Form _____
Custody Decree _____	Report Cards _____	Test Scores _____
Scholastic Form _____	Assessment/Interview _____	Confirmation of Parish Registration Form _____
In Parish _____	Out of Parish _____	Non Catholic _____
Date Accepted _____	Grade/Room Number _____ / _____	Teacher/Advisor _____ / _____

Diocese of Arlington

Office of Catholic Schools  
2006

# St. Joseph School



750 Peachtree St. ♦ Herndon VA. 20170  
Phone 703-880-4350 ♦ Fax 703-880-4320

I give permission for the release of FIRST SEMESTER and MOST CURRENT GRADES, and COPIES OF LAST TWO YEARS REPORT CARDS, and information contained in this form to the above-named school.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

---

---

## **REQUEST FOR INFORMATION PRIOR TO ACCEPTANCE**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
Present Grade

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Length of time in YOUR school

The above-named student has applied for placement in our school. In order that we may have a record of the child's academic achievement, social behavior, and his/her relationship with the teacher and peers, we would appreciate it if you could share the following information. This information sheet does not go into a child's permanent record and the information contained is entirely confidential.

I. Using the following code, please grade the areas listed:  
E=excellent; G=good; F=fair; U=unsatisfactory

- |                                |                              |
|--------------------------------|------------------------------|
| ____ General Attitude          | ____ Cooperation             |
| ____ Effort                    | ____ Classroom Conduct       |
| ____ Relationship with teacher | ____ Relationship with peers |
| ____ Respects Authority        | ____ Home study habits       |
| ____ Shows initiative          | ____ School study habits     |
| ____ Takes pride in work       | ____ Completes assignments   |
| ____ Attendance                |                              |

II. Discipline (please comment) \_\_\_\_\_  
\_\_\_\_\_

III. Please describe any disabilities (physical, emotional, mental, language barriers, family situations) which affect the applicant's progress.

\_\_\_\_\_  
\_\_\_\_\_

IV. Using the following code, please grade the areas listed:  
1=outstanding; 2=satisfactory progress; 3=below average progress;  
4=failing to make the necessary progress

____ Christian Doctrine	____ Social Studies
____ Reading	____ Science
____ Math	____ Spelling
____ English	____ Computers

V. Academic Information:  
Has this child ever been tested for learning disabilities, or has this testing been suggested to the parents? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain:

*\*NOTE: Parental agreement necessary for results/evaluation to be sent to SJS prior to acceptance.*

Has this child ever been tested for gifted and talented, or has this testing been suggested to the parents? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain:

*\*NOTE: Parental agreement necessary for results/evaluation to be sent to SJS prior to acceptance.*

Has the child ever been retained? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Grade \_\_\_\_\_ was repeated.

Is retention recommended for the following school year? \_\_\_\_\_ Yes \_\_\_\_\_ No

Explain:

VI. Textbook Series:  
Religion Series \_\_\_\_\_  
Reading Series and present level of child \_\_\_\_\_  
Please Explain:  
Math Series and present level of child \_\_\_\_\_  
Please Explain:  
Social Studies Series \_\_\_\_\_  
Science Series \_\_\_\_\_

VII. Parent Attitude and degree of involvement - please comment:  
\_\_\_\_\_  
\_\_\_\_\_

VIII. Based on the work that the applicant has completed in your school, please rate the total progress of this student:

____ Outstanding student	____ Low average student
____ Above average student	____ Working <u>below</u> grade level
____ Average student	

Please provide any other information you feel would be useful to us. Thank you for your time in completing this form.

\_\_\_\_\_  
Teacher or Principal

\_\_\_\_\_  
Date

# St. Joseph School



750 Peachtree St. ♦ Herndon VA. 20170  
Phone 703-880-4350 ♦ Fax 703-880-4320

NAME OF STUDENT: \_\_\_\_\_

The above-named student is being considered for placement in our First Grade next Fall. In order that we may have a record of the child's academic achievement, social behavior and his/her relationship with the teacher and peers, we would appreciate it if you could share the following information.

Has this child ever been given a Readiness Test?  Yes  No

If yes, what test was administered? \_\_\_\_\_

What was the performance rating of the Test?

Low \_\_\_\_\_ Average \_\_\_\_\_ High \_\_\_\_\_

Date of Testing \_\_\_\_\_

STUDY HABITS	Not at all	Just a little	Most times	All the time
Listens attentively				
Follows directions				
Uses time well				
Completes work				
GENERAL DEVELOPMENT				
Shows leadership ability				
Exercises self-control				
Plays well with others				
Disturbs other children				
Quarrelsome				
Shy, does not join in				
LANGUAGE ARTS				
Can recognize the alphabet Capitals _____ Lower Case _____				
Hears sounds correctly (beginning / ending)				
Hears medial sounds in words				

<b>STUDY HABITS</b>	Not at all	Just a little	Most times	All the time
Can manipulate a pencil adequately				
Can print letters of the alphabet				
Reverses the position of letters				
Can relate a short simple story				
<b>NUMBER WORK</b>				
Recognizes symbols for numbers 1 -10				
Can write numbers 1 - 5				
Can write numbers 1 - 10				

Comments: Please comment where you feel necessary on any of the above questions.

---



---



---

Do you recommend \_\_\_\_\_ for Grade 1 in September?

(Student's Name)

Yes \_\_\_\_\_

No \_\_\_\_\_

\_\_\_\_\_  
Signature of Teacher / Principal

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City / State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Phone Number