



221 Park Place
Libertyville, Illinois 60048
847.362.0730
www.sjscatholic.org

Application for Admission

Please return this form along with a copy of your child's birth certificate, baptismal certificate and \$150 application fee

Student Name _____
Last First Middle Incoming Grade

Birth Date _____ State of Birth _____ Gender: M F

Pre-kindergarten only _____ 2 day program (3 y/o A.M.) _____ 3 day program (4 y/o A.M.)
Please check all that apply

_____ 5 day program (4 y/o P.M.) _____ 4 y/o Lunch Bunch

Ethnicity: (Circle one) White Non-Hispanic Asian African-American Hispanic Bi-Racial American Indian

Languages spoken at home: _____ Are you a parishioner of St. Joseph Church: Yes No

Date of Baptism _____ Church _____ Religion _____
(If applicable)

Date of 1st Communion _____ Church _____
(If applicable)

Date of Confirmation _____ Church _____
(If applicable)

Has your child ever been issued an IEP, ISP, 504 or Service Plan? If so, please attach a complete copy of the plan. Yes No

FAMILY INFORMATION

Father's Name _____ Religion _____

Address _____ City _____ Zip Code _____

Father's Email Address: _____

Father's Home Phone: _____ Cell _____ Work _____

Mother's Name _____ Religion _____

Address _____ City _____ Zip Code _____

Mother's Email Address: _____

Mother's Home Phone: _____ Cell _____ Work _____

Parents are: Married Divorced Widowed Single

Child lives with: Father Mother Both Other (specify): _____

School district in which you reside: _____

Office use only: Application fee _____ Birth certificate _____ Baptismal certificate _____