



## Saint Joseph the Worker Catholic Academy

241 Prospect Park West, Brooklyn, NY 11215

[lwitthohn@sjwca.org](mailto:lwitthohn@sjwca.org)

Applicant's full name \_\_\_\_\_ Nickname \_\_\_\_\_

male  female Birth date \_\_\_\_\_ Religion \_\_\_\_\_ Parish \_\_\_\_\_

Applying for entry to Saint Joseph the Worker for September \_\_\_\_\_ for grade \_\_\_\_\_  
(Year)

### **Present School Information**

School Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Principal/Head \_\_\_\_\_ School Phone \_\_\_\_\_

Reason for leaving \_\_\_\_\_ IEP  yes  no

List all other schools attended (please also provide dates) \_\_\_\_\_

### **Family Information**

Full name of **father** or guardian \_\_\_\_\_

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

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

Home Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Business Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Full name of **mother** or guardian \_\_\_\_\_

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

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

Home Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

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

Name of Employer \_\_\_\_\_ Business Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Please check if  married  divorced  separated Who has legal custody: \_\_\_\_\_

- If applicable, a copy of Court Custody Papers MUST be on file with the academy.
- If applicant is not living with both parents, please indicate with whom the child resides.

Names of siblings who live with this child:

NAME	RELATIONSHIP	DATE OF BIRTH

**Sacrament Information:**

SACREMENT	DATE	NAME OF CHURCH	LOCATION (CITY, STATE)
Baptism			
Penance/Reconciliation			
Eucharist/Communion			
Confirmation			

<b>Language Background</b> (Please check all that apply.)			
1. What language(s) is(are) spoken in the student's home or residence?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
2. What was the first language your child learned?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
3. What is the Home Language of each parent/guardian?	<input type="checkbox"/> Mother _____ specify	<input type="checkbox"/> Father _____ specify	<input type="checkbox"/> Guardian(s) _____ specify
4. What language(s) does your child understand?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify
5. What language(s) does your child speak?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not speak
6. What language(s) does your child read?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not read
7. What language(s) does your child write?	<input type="checkbox"/> English	<input type="checkbox"/> Other	_____ specify <input type="checkbox"/> Does not write

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**\*\*FOR OFFICE USE ONLY\*\***

Accepted  Yes  No Date: \_\_\_\_\_

Registration Fee -- Payment: \_\_\_\_\_ Date: \_\_\_\_\_

