



**St. Joseph School**

**520 East Chestnut Street • Olney, IL 62450**

www.stjoeolney.com

PH 618-395-3081

email: office@stjoeolney.com

FX 618-395-8500

### **APPLICATION FOR ADMISSION TO ST. JOSEPH SCHOOL**

1. Why do you want to send your child to St. Joseph School?
  
  
  
  
  
  
  
  
  
  
2. What do you think St. Joseph School has to offer your child?
  
  
  
  
  
  
  
  
  
  
3. Does your child(ren) require any special modifications or adaptations to aid his/her progress in academic/social/or physical development? Does your child currently qualify for academic support (response-to-intervention or special education) in the public school system?
  
  
  
  
  
  
  
  
  
  
4. Do you agree to allow your child to participate in Mass and other worship services as they are provided for the school children?
  
  
  
  
  
  
  
  
  
  
5. What school does your child currently attend?
  
  
  
  
  
  
  
  
  
  
6. Is/are your child(ren) compliant with the State of IL immunization requirements?
  
  
  
  
  
  
  
  
  
  
7. Is there anything else you would like to make us aware of as your child(ren)'s application is being considered?
  
  
  
  
  
  
  
  
  
  
8. Are there any people you would like us to contact who would speak on behalf of your admission application? Who?

### **THANK YOU**

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The principal will contact the school your child is currently attending to discuss his/her academic and social record.

Copies of this application will be given to all Board of Education members at the meeting held \_\_\_\_\_ during which your child(ren)'s enrollment application will be discussed.

Student(s) \_\_\_\_\_ Grade(s) 2020-21 \_\_\_\_\_

Parents \_\_\_\_\_ Occupation(s) \_\_\_\_\_

Address \_\_\_\_\_ Phone: (home) \_\_\_\_\_ (work) \_\_\_\_\_