



APPLICATION FOR ADMISSION

5825 N. Woodruff Avenue • Lakewood, CA 90713
Tel (562) 925-5073 • Fax (562) 925-3315 • www.sj-jester.org

PLEASE PRINT LEGIBLY OR TYPE

Today's Date: _____ Religion: _____ Grade Entering: _____

Last Name First Name Middle Name

Address City State Zip
(_____) _____
Phone Number Date of Birth Place of Birth (City and State)

Last School Attended Address Phone (_____) _____

Grammar School Address Phone (_____) _____

Parish Address Phone (_____) _____

Church-Baptism Address Phone (_____) _____

Church-First Communion Address Phone (_____) _____

Father's Last Name First Name M.I. Religion Living/Deceased (_____) _____

Father's Occupation Company Name Address Work Phone Number

Mother's Last Name First Name M.I. Religion Living/Deceased (_____) _____

Mother's Occupation Company Name Address Work Phone Number

Guardian's Last Name First Name M.I. Religion Relationship (_____) _____

Address City Zip Phone Number

Student Living With: Both Parents Mother Only Father Only
 Guardian Other _____

Language Spoken in Home Number of Brothers Number of Sisters

SISTER(S) WHO HAVE GRADUATED OR ARE CURRENTLY ATTENDING SAINT JOSEPH HIGH SCHOOL:

Last Name First Name Grade or Year Graduated

Last Name First Name Grade or Year Graduated

Last Name First Name Grade or Year Graduated

MOTHER WHO GRADUATED FROM SAINT JOSEPH HIGH SCHOOL:

Maiden Name First Name Year Graduated

**NOTE: THE NON-REFUNDABLE APPLICATION FEE FOR ALL GRADE LEVEL APPLICANTS IS \$50.00.
IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE REGISTRAR'S OFFICE AT (562) 925-5073.**