



# 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: \_\_\_\_\_

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth (City & State): \_\_\_\_\_

Last School Attended: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Grammar School: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Parish Community: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Father's/Guardian's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Religion: \_\_\_\_\_  Living  Deceased

Father's/Guardian's Occupation: \_\_\_\_\_ Company Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Mother's/Guardian's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_ Religion: \_\_\_\_\_  Living  Deceased

Mother's/Guardian's Occupation: \_\_\_\_\_ Company Name: \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_

Student Living With:  Father and Mother  Mother Only  Father Only  
 Guardian(s)  Mother and Stepfather  Father and Stepmother

Student Resides In:  One Residence  Two Residences  
(Check one)

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: \_\_\_\_\_

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 \$60.00. IF YOU HAVE ANY QUESTIONS, PLEASE CALL THE ADMISSIONS OFFICE AT (562) 925-5073, ext. 125.**