



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: (____) _____ Email Address: _____

Place of Birth (City & State): _____ Date of Birth: _____

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. 151.**