



St. Joseph Catholic Academy – Pre-Admission Questionnaire

Must be filled out by parent or guardian. This form must be submitted with a complete transcript and current report card in order for this student to be considered for admission to St. Joseph Catholic Academy.

Date _____

Student's Name _____ Current Grade _____

Parent/Guardian's Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____

Current School _____ Last day attended classes _____

School Phone _____ Financial Obligations met at previous school? Yes ___ No ___

Date on which student last attended classes _____

REASON FOR TRANSFER – CHECK ALL THAT APPLY

- | | |
|---|---|
| <input type="checkbox"/> Change of residence/location | <input type="checkbox"/> Change recommended by (specify) |
| <input type="checkbox"/> Academic issues | <input type="checkbox"/> Student dissatisfaction with school |
| <input type="checkbox"/> Student wants new start | <input type="checkbox"/> School dissatisfied with student/parents |
| <input type="checkbox"/> Parents want new environment | <input type="checkbox"/> Other |

Is your son/daughter receiving passing grades in all subjects? _____

Has your son/daughter been absent or tardy from school without your permission? _____

Has your son/daughter ever been suspended from school? If so, why?

Could your son/daughter return to your school if he or she chooses? If no, please explain.

Does your son/daughter have a 504, IEP, or any documented accommodations? ___ Yes ___ No

I certify that to the best of my knowledge, the above information is accurate.

Parent/Guardian Signature _____

Signature of *current school* Official (administrator of counselor) _____