



ST. JOSEPH UNIVERSITY SCHOOL

3275 MAIN STREET BUFFALO, NEW YORK 14214

www.sjsbuffalo.org 716.835.7395

FAX: 833-6550

APPLICATION FOR ADMISSION

Date application submitted to school office _____

Student will be entering grade _____ in September of the school year _____

Student's Name _____ Gender: Male _____ Female _____

Student's Home Address _____

Number/Street

City

State

Zip

Date of Birth _____

**** All students applying to SJUS are screened for the FLIGHT (Gifted & Talented) Program ****

Last school(s) attended by student

School Name & Address	Grade	Year(s) attended

Siblings

Name	Date of Birth	Attend SJS? Yes or No

FOR OFFICE USE ONLY

Interview Date _____ Report card _____ IEP/504 _____

Accepted Yes _____ Date _____ No _____ Pending _____

Registration Date _____

How did you hear about St. Joseph School?

Saw an advertisement

Where?

Found it online

How?

Was referred by someone

Who?

Other - Please elaborate

Mailing Address (if different than student address)

Mother _____
Salutation and full name

Address, City, State, Zip

Cell phone Home phone

E-mail address

Father _____
Salutation and full name

Address, City, State, Zip

Cell phone home phone

E-mail address

Legal Guardian _____
Salutation and full name

Address, City, State, Zip

Cell phone home phone

E-mail address

Parish Affiliation

Church _____

Address _____

Pastor's Name _____

PLEASE SUBMIT YOUR CHILD'S MOST RECENT REPORT CARD WITH THIS FORM.

YOU WILL BE CONTACTED WITH AN APPOINTMENT DATE AND TIME FOR YOU AND YOUR CHILD.

When you come for your appointment, please bring any school records or other pertinent information.

If you have any SJS Alumni in your family, please list them below.

Name	Year Graduated	Address	E-mail address

Date _____ Parent/Guardian Signature _____