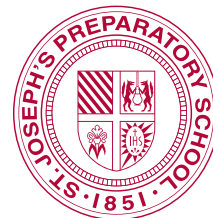


Application

St. Joseph's Preparatory School
Admission Office
1733 Girard Avenue
Philadelphia, PA 19130

P. 215-978-1958
F. 215-765-1710
www.sjprep.org

| | |
|--------------------------|-------|
| Official Use Only | |
| Sid: | _____ |
| Rm: | _____ |
| Dr: | _____ |
| Ch#: | _____ |



Please note the following:

ADMISSION APPLICATION AND SCHOLARSHIP/ENTRANCE EXAM:

This application, which has a non-refundable \$75 fee, serves as a registration for both the admission process and the Scholarship/Entrance Exam which is scheduled for Saturday, November 20 at 8:30 a.m. A check or money order in the amount of \$75, payable to "St. Joseph's Prep," must accompany this application.

REGISTRATION DEADLINE: All applications are due on or before Friday, November 12.

TRANSCRIPT REQUEST: The Transcript Request Form must be given directly to the Principal/Guidance Counselor of the applicant's current school.

RECOMMENDATION: The Recommendation Form must be given directly to a teacher or counselor. This form will be mailed directly to St. Joseph's Prep by the evaluator on or before Friday, November 19.

- List Evaluator: _____

IEP: Do you require untimed or extended time testing? If so, please provide documentation of your learning difference.
Yes [] No []

Please print or type the following information clearly.

NAME

Last Name: _____ First Name: _____ Middle Initial: _____ Date of Birth: ____/____/____

Suffix (Jr., etc.): _____ Present Grade Level: _____ E-mail: _____

This is my family e-mail [] This is my personal e-mail []

ADDRESS

Street Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

County Name: _____

PARENTS:

Father (Title / Full Name) _____ Living: _____ Deceased: _____

Father's Address/City/State/Zip (if different than above) _____

Day Phone: _____ Cell Phone: _____

E-mail: _____ This is my family e-mail [] This is my personal e-mail []

Mother (Title / Full Name): _____ Living: _____ Deceased: _____

Mother's Address/City/State/Zip (if different than above) _____

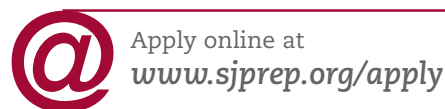
Day Phone: _____ Cell Phone: _____

E-mail: _____ This is my family e-mail [] This is my personal e-mail []

Circle Marital Status: Married Separated Widowed Divorced Single

FINANCIAL AID: Financial aid information must be submitted by Friday, November 26.

- Does your family intend to apply for financial aid?
Please note: if you require a 'Brother's Reduction' you must apply for financial aid.
Yes [] No []
- If yes, please check your preference
[] Need TADS financial aid information mailed home.
-OR-
[] Will apply online at www.tuitionaid.com (TADS)*
* Refer to the financial aid section in the Admission Book for more details.



PARISH

Name of Parish: _____

Street, City, State, Zip: _____

CURRENT SCHOOL

Name of School: _____

Street, City, State, Zip: _____

Previous School(s): _____

PUBLIC SCHOOL DISTRICT

Name of Local Public School District: _____

RELATIVES

List names of relatives who have or who are presently attending the Prep (include full name, year of graduation, and relationship to applicant):

(Name) (Class of) (Relationship)

(Name) (Class of) (Relationship)

Have you ever received recognition/commendation for excellence in your studies during the last three years? If yes, what type of recognition/commendation?

List the extra-curricular activities (non-athletic & athletic) at your grammar school in which you have participated during the last three years. Please include leadership and service opportunities. List any commendations.

List the community activities in which you have been involved during the last three years. Please include leadership and service opportunities. List any commendations.

What hobbies or interests occupy your free time?

If you have attended Prep Programs, please mark the appropriate box: Pre-8th Grade Summer Enrichment Program [] Pre-Prep Program []

St. Joseph's Preparatory School does not discriminate on the basis of race, color, creed, national and ethnic origin in administration of its education policies, admission policies, financial aid program, and athletic and other school administered programs.

Signature of Applicant _____ Date: _____

Signature of Parent/Guardian _____ Date: _____