



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 _____