

# ST. JOSEPH HIGH SCHOOL ADMISSION APPLICATION

## STUDENT INFORMATION

APPLICANT'S LEGAL NAME	LAST	FIRST	MIDDLE
NAME APPLICANT PREFERS TO BE CALLED			<input type="checkbox"/> Male <input type="checkbox"/> Female GENDER (CHECK ONE)
BIRTHDATE	BIRTHPLACE (ATTACH PHOTOCOPY OF BIRTH CERTIFICATE)		GRADE ENTERING
MAILING ADDRESS	CITY	STATE	ZIP
HOME PHONE	<input type="checkbox"/> Listed <input type="checkbox"/> Unlisted		CURRENT SCHOOL
RELIGION	PLACE OF WORSHIP	EMAIL ADDRESS	
<b>Ethnicity (Check One)</b>			
<input type="checkbox"/> Asian <input type="checkbox"/> Multi-Racial <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Pacific Islander/Native Hawaiian <input type="checkbox"/> American Indian/Native Alaskan			

## PARENT INFORMATION

If parents are divorced, who has legal custody :  Mother  Father  Shared Custody  Other \_\_\_\_\_  
Relationship to Student

### List Parent(s)/Guardian(s) student resides with:

Father  Stepfather  Male Guardian  Mother  Stepmother  Female Guardian  
**Title**  Mr  Dr  Rev  Judge **Title**  Mrs  Ms  Dr  Rev  Judge

NAME	NAME
EMAIL*	EMAIL*
EMPLOYER	EMPLOYER
POSITION	POSITION
MOBILE PHONE	MOBILE PHONE
WORK PHONE	WORK PHONE

If a parent who does **NOT** live with the student wishes to receive notifications from the school please give information below:

TITLE	NAME	RELATION TO STUDENT
MAILING ADDRESS	CITY	STATE
	ZIP	MOBILE PHONE
EMPLOYER	WORK PHONE	EMAIL*

\*PLEASE INCLUDE YOUR EMAIL ADDRESS IN ORDER TO RECEIVE COMMUNICATIONS FROM THE SCHOOL (INCLUDING MONTHLY NEWSLETTER, CALENDER CHANGES AND ACCESS TO RENWEB PASSWORDS).

## GRANDPARENT INFORMATION

### PATERNAL GRANDPARENTS

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NAME

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MAILING ADDRESS

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EMAIL

### MATERNAL GRANDPARENTS

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NAME

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MAILING ADDRESS

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EMAIL

## SIBLING AND LEGACY INFORMATION

### SIBLINGS CURRENTLY ATTENDING STJ

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NAME

GRADUATION YEAR

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NAME

GRADUATION YEAR

### SIBLINGS ATTENDING OTHER SCHOOLS

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NAME

GRADE

SCHOOL ATTENDING

---

NAME

GRADE

SCHOOL ATTENDING

### LEGACY INFORMATION

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NAME (MAIDEN IF APPLICABLE)

YEAR GRADUATED

RELATION TO STUDENT

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NAME (MAIDEN IF APPLICABLE)

YEAR GRADUATED

RELATION TO STUDENT

## ACADEMIC NEEDS IDENTIFICATION

To provide the applicant with the most successful academic curriculum at St. Joseph High School, the following information will assist the counselor(s) in planning. We recognize that limited modifications may be necessary for success of students with learning differences.

Has the applicant been evaluated or tested for learning disabilities such as Attention Deficit Disorder (ADD)/Attention Deficit-Hyperactive Disorder (ADHD) or Dyslexia?

- YES (*If yes, please provide the counselor(s) with a copy of the test results and suggested educational plan.*)  
 NO

Is the applicant now, or has he/she previously been (check all that apply):

- Under the care of a psychologist or psychiatrist?  
 Receiving medication for psychological or emotional condition?  
 Involved in a drug or alcohol rehabilitation/recovery program?  
 Suspended, expelled or asked to leave any school?

If so, please explain:

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## STUDENT RECORD AND PHOTO RELEASE

- I permit the release of my child's academic and health records when requested by a school or legal authorities.  
 I permit the use of my child's photograph for use by St. Joseph High School.

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Signature

Date

# EMERGENCY MEDICAL INFORMATION

STUDENT'S NAME	LAST	FIRST	MIDDLE	PREFERRED NAME
				<input type="checkbox"/> Male <input type="checkbox"/> Female
BIRTHDATE	GRADE		GENDER (CHECK ONE)	

If parents are divorced, who has custody?  Mother  Father  Shared Custody  Other \_\_\_\_\_  
**Please give appropriate phone numbers for the student's mother or stepmother** **Please give appropriate phone numbers for the student's father or stepfather**

NAME	NAME
HOME PHONE	HOME PHONE
WORK PHONE	WORK PHONE
MOBILE PHONE	MOBILE PHONE

Who (other than parents) may be called in case of an emergency?

NAME	RELATION TO STUDENT	HOME PHONE	MOBILE PHONE

Section 25.01, Texas Family Code, enables the parent or guardian to authorize an educational institution (school official) to consent to medical treatment of a minor. In cases of emergency, this authorization could be used to obtain medical treatment when unable to locate a parent or guardian quickly. As parent or guardian, I authorize school personnel to consent to medical treatment for my child in cases of emergency and to take my child to our doctor \_\_\_\_\_ phone \_\_\_\_\_ or to the emergency room at \_\_\_\_\_ Hospital. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

## MEDICAL HISTORY

**Please indicate any of the following conditions your child has had:**

Allergies, if so please list: \_\_\_\_\_  
 Asthma  Diabetes  Hepatitis  Pneumonia  Bronchitis  Ear Infection  Kidney Problem  
 Rheumatic Fever  Chicken Pox  Epilepsy  Measles  Scarlet Fever  Convulsions  
 Heart Condition  Mumps  Tonsillitis  Other Illnesses or Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child take any medication(s) routinely?  Yes  No \_\_\_\_\_  
Name(s) of medication(s) and reason(s) for taking: \_\_\_\_\_  
\_\_\_\_\_

The above-named student has my permission to participate in the Health Program at St. Joseph High School, including VISION, HEARING, and SCOLIOSIS screenings, as well as GENERAL HEALTH CHECKS.  Yes  No

The above-named student has my permission to be given the following medication(s) by the school principal or the principal's designee as needed:  Acetaminophen (generic)  Antacid (Tums, Rolaids, Pepto Bismol)

I further release the school and its personnel from any liability resulting from any untoward effects that this medication may cause when dispensed at school. I understand that if I do not sign the Medication Policy, that the medication will not be administered at school.

Signature	Date
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# ST. JOSEPH HIGH SCHOOL INDEMNIFICATION AGREEMENT

## ***IMPORTANT! Please Read Carefully***

Parents should recognize that, inherent in many school activities (including athletics, drama, science, field trips and other travel related to classroom and non-classroom activities), there are certain risks of injury, even serious injury, or death. As a condition to allowing the participation of your child in these and other school activities at St. Joseph High School, parents must be aware that such risks exist, and be willing to fully assume them.

The form below includes an indemnification agreement in favor of the school and certain other people affiliated with it. The indemnification agreement is intended to be very broad. If you sign the indemnification agreement, you are agreeing to assume full financial responsibility for medical treatment, hospitalization and all other costs associated with any injury your child may sustain while practicing for, traveling in connection with, or participating in interscholastic athletic competition or any other school activity.

### **St. Joseph High School strongly urges you to consult with your insurance agent about insurance coverage that might be available to you.**

As the parent(s) or legal guardian(s) of \_\_\_\_\_ (the "Student"), and in consideration of allowing his or her participation in School Activities (defined below) at St. Joseph High School (the "School"), I agree as follows:

1. "School Activities" means all student activities sponsored or made available by the School or engaged in by Student as a result of his or her enrollment in the School, both in and out of the classroom. They include (but are not limited to) participation in intramural and interscholastic athletics, scholastic competitions, club activities, laboratory experiments, dramatic productions, field trips, and travel in connection with any such activities. I consent to the participation by Student in School Activities at the School, and to travel in connection with those activities.
2. I know that, inherent in many School Activities (particularly athletics, drama, science, field trips and in travel related to School Activities), there are risks of injury, even serious injury or death. This agreement is a part of my contract with the School for the enrollment of the Student, and is required by the School as a condition to his or her enrollment. By signing it, I understand that I am agreeing to assume these risks and indemnify the School and its related parties against certain claims and losses. If my indemnity is called upon, I may have financial responsibility under this agreement. I also understand that I may be able to protect myself from this liability and that I may be able to mitigate all or some of the risks I am assuming by obtaining appropriate liability and/or other insurance coverage. The School has strongly advised me to visit with an insurance professional or other professional advisor regarding such insurance coverage.
3. MY ASSUMPTION OF RISK: I voluntarily release, waive and acquit the School and its related parties of and from all liability arising in any manner from any injury to or death of the Student while participating or as a result of Student's participation in School Activities as a student of the School, WHETHER OR NOT ALLEGED TO BE, IN WHOLE OR IN PART, THE RESULT OF THE SOLE, JOINT OR CONCURRENT NEGLIGENCE OF THE SCHOOL OR ANY OF ITS RELATED PARTIES, where such injury or death is or could have been insured against to any extent under policies of insurance generally available for purchase by me in Victoria, Texas, whether I actually obtained any such coverage or not. I agree that, with respect to any such injury or death, no insurer shall have any right to proceed against the School or any of its related parties for the recovery of any proceeds it pays, by subrogation or otherwise, and I hereby waive and release any such right or claim.
4. MY AGREEMENT TO INDEMNIFY: I agree to indemnify, defend and hold harmless the School and its related parties from and against any claims, damages, actions, causes of action, losses, costs and expenses (including litigation costs and reasonable attorneys' fees) which may at any time be asserted against or incurred by the School and/or its related parties on account of any injury to or death of the Student that occurs while he or she is participating in, or as a result of him or her having participated in, any School Activities, regardless of whether asserted by or on behalf of the Student, any parent or guardian of the Student or any other person and WHETHER OR NOT ALLEGED TO BE, IN WHOLE OR IN PART, THE RESULT OF THE SOLE, JOINT OR CONCURRENT NEGLIGENCE OF THE SCHOOL OR ANY OF ITS RELATED PARTIES. This agreement does not require me to indemnify any person against the consequences of that person's own gross negligence or intentional misconduct.
5. As used here, "related parties" of the School means its agents, employees, volunteers, officers, directors, and assigns (including, without limitation, all teachers, coaches, support staff and their respective agents, employees, officers, directors, and assigns). "I" and "me" means each person signing this agreement below, and if more than one, all of them together. If signed by only one parent or guardian of the Student, I represent and warrant that I am lawfully authorized to act on behalf of each and every other parent or guardian of the Student in signing this agreement.
6. I understand that the School is relying on my undertakings in this agreement. If any provision of this agreement is held to be unenforceable, its remaining provisions are severable, and shall be given effect.

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Signature

Date

# ST. JOSEPH HIGH SCHOOL TECHNOLOGY - ACCEPTABLE USE POLICY FOR TELECOMMUNICATION ACCESS

**IMPORTANT! Please Read Carefully**

1. The use of any telecommunication service provided by St. Joseph High School must be consistent with the requirements of the student's/staff member's education or research.
2. All telecommunication service rules must be followed.
3. No software, personal or otherwise, may be installed or used on properties of St. Joseph High School without prior written approval by the administration. No tampering with computer software or changes to desktop settings is allowed except by authorized personnel.
4. All illegal, for-profit, advertising or political lobbying use is prohibited.
5. All unauthorized use of copyrighted material is prohibited.
6. Any use of telecommunication services requiring funds must be approved in writing by the administration prior to use. If this approval is not obtained, the staff members or parent(s) of student will be expected to reimburse the school for any cost incurred.
7. All students and staff members representing St. Joseph High School are expected to use the same ethical guidelines expressed in the appropriate school handbooks.
8. Social Networking: All posts and comments should reflect positive intent and respect for the truth. They should be on topic and presume the good will of others. Discussions should take place from a faith based perspective. Any threads or posts which speak negatively or with malicious intent will be locked from our friend list.
9. Any violation of telecommunication policies will be considered reason for disciplinary action. Final determination of what constitutes a violation will rest with the administration.
10. St. Joseph High School reserves the right to monitor a student's or staff's use of any telecommunication service provided by St. Joseph High School and to bar the access of such service if disciplinary action is required.
11. St. Joseph High School is not responsible for any damages or loss of data a student or staff member may suffer while accessing any telecommunication services provided by the school. The school is also not responsible for the accuracy, truthfulness or quality of information derived through the use of any telecommunication service provided by the school.

## 2012 - 2013 TECHNOLOGY-ACCEPTABLE USE POLICY AGREEMENT

We appreciate the telecommunication access St. Joseph High School will provide for student enrichment in high school studies and in preparation for higher education and ultimately in life endeavors. We agree with and support all legal and ethical guidelines stated by the St. Joseph High School Board and Administration.

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Student Signature

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Parent/Guardian Signature

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Date

# ATHLETIC AND EXTRA-CURRICULAR ACTIVITY SURVEY

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LAST NAME FIRST NAME MIDDLE NAME PREFERRED NAME

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HOME PHONE

MOBILE PHONE

GENDER:  Male  Female

DATE OF BIRTH: \_\_\_\_\_

GRADE LEVEL: \_\_\_\_\_

T-SHIRT SIZE (CHECK ONE):  XS  S  M  L  XL

*If interested in participating in athletic programs please provide the following information:*

HEIGHT: \_\_\_\_\_

WEIGHT: \_\_\_\_\_

**Please check all sports or activities in which you would like to participate:**

## BOYS ATHLETICS

- Football  Basketball  Soccer  Baseball  Tennis  Golf  
 Track  Cross Country  Powerlifting  Swimming

## GIRLS ATHLETICS

- Volleyball  Basketball  Soccer  Softball  Tennis  Golf  
 Track  Cross Country  Powerlifting  Swimming  
 Dance/Drill Team  Cheerleading

## CLUBS AND ACTIVITIES

- Marching Band  Art Club  Choir  Fellowship of Christian Athletes  
 Government Club  Science Club  Theatre Arts  Marianist LIFE Community  
 Student Council  Math Club  Photography Club  Yearbook



## ST. JOSEPH HIGH SCHOOL

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