



St. Joseph Catholic School
2026-2027
Kindergarten – Grade 5 Application
427 S. Stormont St. Princeton, IN 47670

Phone: (812) 385-2228 • Fax: (812) 648-0025

Fr. Gary Kaiser, **Pastor** • Mrs. Valerie Zimmer, **Principal** • Mrs. Bryna Smith, **School Support Office Manager**

Office use only:
Date _____
Deposit (\$55) _____
Records release _____
Birth Certificate _____
Health Records _____

TO THE PARENT/GUARDIAN: The information requested is needed to process your application. Registration will be finalized only after the necessary records have been received from the previous school or parent/guardian and the requested fees have been paid. Application to St. Joseph School does not guarantee enrollment. If the school becomes aware of additional information after the student has been admitted that impacts the school's ability to service the student, the school can change its admissions decision.

Student's Full Name _____ M F
(First) (Middle) (Last)

Preferred Student Name _____ Applying for Grade _____

Address _____
(Street) (City) (State) (Zip)

Home Phone _____ Religion _____

Presently Enrolled at(if other than SJCS) _____

School Address _____ School Phone _____

Date of Birth _____ Place of Birth _____
(Month) (Day) (Year) (City) (State)

Ethnicity: Hispanic/Latino Non-Hispanic

Race: White Hispanic Black/African-American Asian
 American Indian/Alaskan Native Hawaiian/other Pacific Islander Multiracial

Religion: Catholic Non-Catholic

St. Joseph School admits students of any race, color, national, religious, and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students or schools.

Family Information – Student lives with:

Mother & Father (same home) Father only Mother only
 Mother & Father (separate homes) Legal Guardians

Father's Name _____ Cell Phone _____ Religion _____

Address (if different than students) _____

Email _____

Employer _____ Occupation _____ Work Phone _____

This form continues on the back

Mother's Name _____ Cell Phone _____ Religion _____

Address (if different than students) _____

Email _____

Employer _____ Occupation _____ Work Phone _____

Baptism _____
(Church) (City) (State) (Date)

____ My child has not been baptized, and I am interested in learning more about baptizing my child. Please contact me.

First Communion _____
(Church) (City) (State) (Date)

Doctor _____ Phone _____

Dentist _____ Phone _____

Hospital Preference _____ Any known allergies _____

Does your child presently have a Learning Service Plan (IEP/504) or any learning/behavioral difficulties that you are aware of? Yes No

If yes, please explain. _____

St. Joseph School does not offer full time Special Education services. We differentiate our instruction within the classroom setting and mainstream students with mild learning disabilities. The North Gibson School Corporation provides assistance for students with speech/language difficulties and mild learning disabilities.

Why is it important to you for your child to attend a Catholic school?

In order for this application to be complete, the following must also be submitted:

- Birth Certificate
- Health Record/Immunizations
- Records Release Form (if applicable)
- Learning Service Plan (if applicable)

This signature verifies that I understand all information that has been given to me, specifically, the Enrollment Policy of St. Joseph School. The information that I have given is true and accurate.

Parent/Guardian Signature

Date

Complete application packets will be reviewed and processed for admission. St. Joseph School will notify the person completing this form upon acceptance of your child(ren). If you need assistance with this application, call 812-385-2228.

BOOK FEES AND TUITION PAYMENTS*

Tuition – per student	\$ 6,569.00	Full Tuition
Registration	\$ 55.00	Due at the time of registration
Technology Fee	\$ 110.00	Due August 15, 2026
Book Fees	\$ 220.00	Due August 15, 2026
Total Tuition	\$ 6,954.00	

TUITION ASSISTANCE

Financial assistance is available for all qualifying families that attend St. Joseph School. **Please note the scholarship policy requires families to be a SCRIP program participant.** If you would like to receive more information on financial assistance, please check the box below or contact Bryna Smith at: bsmith@evdio.org.

Yes, we would like information on SCHOLARSHIP ASSISTANCE

If you have any questions or concerns about re-enrolling, please contact the school office.

Indiana Choice Scholarship Income Limits by Household Size

Household size	400% of Free/Reduced Lunch Income Eligibility Annual Household Income Limit*
1	\$111,444.00
2	\$151,256.00
3	\$191,068.00
4	\$230,880.00
5	\$270,692.00
6	\$310,504.00
7	\$350,316.00
8	\$390,128.00

*Subject to change - Income limits for 2026-2027 have not been released.

To qualify for an Indiana Choice Scholarship: students must live in Indiana, be between the ages of 5 and 22 and meet the income limits. Families will be required to submit income information for all persons living in the household regardless of age or relationship.