

ST. JOSEPH CATHOLIC SCHOOL - STUDENT REGISTRATION FORM

Date: _____ Entering Grade: _____

Student Name: _____

Birth Date: _____ Birth Certificate: Y N
Last First Middle
Month/Day/Year

Gender: M F Birth Place: _____
City/State

Address: _____
Number/Street

City State Zip Code

Home Phone #: _____

Cell Number: _____

E-Mail Address: _____

Date of Baptism: _____

Name of Church/Parish: _____

City, State: _____

Date of 1st Communion: _____

Date of 1st Reconciliation: _____

Other siblings:

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Name: _____ Birth Date: _____

Father's NAME:

Occupation: _____

Employer: _____

Phone #: _____ Education Level: _____

Father's Religion: _____

Country of Birth: _____

Mother's NAME:

Occupation: _____
(Maiden Name)

Employer: _____

Phone #: _____ Education Level _____

Mother's Religion: _____

Country of Birth: _____

Are you a Registered Member of the Parish:
Yes No

This child lives with:

(Check all that apply)

- Both Parents
- Father/Stepmother
- Mother/Stepfather
- Father Only
- Mother Only
- Divorced, Joint Custody

Explain: _____

- Legal Guardian
- Other _____

Parent Living Elsewhere:

Address: _____
Number/Street

City/State Zip Code

Phone: _____

Should they receive mailings?
Yes No

Student's Ethnicity: Is this student
Hispanic/Latino? Yes No

Student's Race:

- White American Indian Asian
- Black or African-American
- Native Hawaiian or Pacific Islander
- Multi-Ethnic/Other
- English is **not** the Primary language
spoken in our home.

Student's last school attended:

Address: _____

Phone#: _____

**Special services student received at
previous school:** (check all that apply)

- Speech Resource Room Title I
- Social Work Full Day Special Education
- Occupational Therapy Physical Therapy