

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

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: _____

Mother's NAME:

(Maiden Name)

Occupation: _____

Employer: _____

Work Phone #: _____ Education Level: _____

Religion: _____ Country of Birth: _____

Mother's Phone: _____ Cell Landline

Mother's E-Mail Address: _____

Father's NAME:

Occupation: _____

Employer: _____

Work Phone #: _____ Education Level: _____

Religion: _____ Country of Birth: _____

Father's Phone: _____ Cell Landline

Father's E-Mail Address: _____

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