

# ST JOSEPH SCHOOL

## REGISTRATION/APPLICATION FORM

### 2011/2012

### New Student Information

Last Name	First	Middle	Date of Birth	Grade Entering (Note Full or Half Day for Kindergarten)
Address			Sex	Ethnicity
City	State	ZIP	Telephone	Social Security Number
School District of Residence			School Previously Attended (Include City and State)	

Parish or Church Which Your Family is Registered: \_\_\_\_\_

Will this child be using bus transportation?      Please circle      Yes      No

E-mail address: \_\_\_\_\_ Cell Phone #/ Who's \_\_\_\_\_

E-mail address: \_\_\_\_\_ Cell Phone #/ Who's \_\_\_\_\_

### **Sacramental Information:**

	<u>Date</u>	<u>Church</u>	<u>City</u>	<u>State</u>
Baptism	_____	_____	_____	_____
First Penance	_____	_____	_____	_____
First Eucharist	_____	_____	_____	_____
Confirmation	_____	_____	_____	_____

### **Family Background**

Father's Full Name	Address (if different from child's)	Telephone	Religion	Country of Birth
Mother's Full Name (Maiden Name)	Address (if different from child's)	Telephone	Religion	Country of Birth
Guardian's Full Name	Address (if different from child's)	Telephone	Religion	Country of Birth

Home Situation (Check all that apply):

- Two biological parents     
  One parent     
  Mother/Stepfather  
 Parents Separated/Divorced     
  Father/Stepmother     
  Other (specify) \_\_\_\_\_

Siblings/Ages: \_\_\_\_\_

Parental Rights (Check all that apply and attach copy of court order):

- Legal Custody:       Joint Custody       Sole Custody (  Mother  Father  Guardian )  
 Physical Custody:       Joint Custody       Sole Custody (  Mother  Father  Guardian )

### **OFFICE USE ONLY**

Date Received \_\_\_\_\_  
 Amount Paid \_\_\_\_\_  
 Cash/Check # \_\_\_\_\_