

# Saint Joseph School Registration Form

**Please complete one form for each student you wish to enroll.  
Enrolling for School Year 2008-2009**

## **Registration A. Student information**

Student Name \_\_\_\_\_ Grade 2008-2009 \_\_\_\_\_ Gender M \_\_\_\_\_ F \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Month Day Year City State

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ E-Mail \_\_\_\_\_

## **Section B. Family Background** (Adults residing with child)

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Please list brothers and sisters living at home:  
Name

Age

Birthdate

Home Situation: (Child lives with) Father and Mother \_\_\_\_\_ Mother and Step-Father \_\_\_\_\_

Father and Step-Mother \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

**Court Custodial Agreement – Needs to be on file with the school office.** (attach to registration form)

## **Section C. Student Background**

● Previous School:

● School Name: \_\_\_\_\_

● School Address: \_\_\_\_\_  
Street City State Zip

Catholic School \_\_\_\_\_ Private School: \_\_\_\_\_ Public School \_\_\_\_\_

● Has this student ever been evaluated for special education services? Yes \_\_\_\_\_ No \_\_\_\_\_

● Has your child/family ever received counseling services that the school should be made aware of ?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explain : \_\_\_\_\_

**(OVER)**

- Does your son/daughter take any medication that might affect their daily functioning in school?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what? \_\_\_\_\_
- Does your son/daughter have any medical concerns that the school should be made aware of?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what? \_\_\_\_\_

**Section D. Religious Affiliation**

Father Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_ Please Specify \_\_\_\_\_  
 Mother Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_ Please Specify \_\_\_\_\_  
 Child Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_ Please Specify \_\_\_\_\_

If Catholic, name of parish you are registered at: \_\_\_\_\_

**Section E. Student Sacramental Record**

	Date	Church	City, State
Baptism:	_____	_____	_____
Penance:	_____	_____	_____
Eucharist:	_____	_____	_____

**Section F. Grandparent Information**

Please provide the appropriate information on the student's grandparents.

	1.	2.	3.	4.
Name				
Address				
City, State, Zip				

**Section G. Family Education and Ethnic Background**

**Ethnicity:** Please Circle

Father:	African American	American Indian	Caucasian	Hispanic	Oriental American	Other _____
Mother:	African American	American Indian	Caucasian	Hispanic	Oriental American	Other _____
Child:	African American	American Indian	Caucasian	Hispanic	Oriental American	Other _____

**Parental Education:** (Please circle highest level attained)

Father:	Graduate Degree	College Graduate	High School Graduate
Mother:	Graduate Degree	College Graduate	High School Graduate

How did you hear about Saint Joseph School?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Section G: Signature**

**I HEREBY CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM, IS TRUE, ACCURATE, AND COMPLETE.**

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Name of Parent/Guardian (Please Print)

\_\_\_\_\_  
 Signature of Parent/Guardian

**RETURN THIS FORM TO THE SCHOOL OFFICE NO LATER THAN MARCH 14, 2008**