

REGISTRATION FOR SAINT JOSEPH SCHOOL

A \$50.00 nonrefundable registration fee per child is required with the registration.

2010-2011

FAMILY NAME _____
LAST FATHER'S FIRST MOTHER'S FIRST

ADDRESS _____ PHONE _____

LOCALITY _____ NUMBER OF MILES FROM SCHOOL _____

MEMBERS OF _____ PARISH E-Mail _____

Father's Name _____
Last First Middle

Address _____ Phone _____

Birthplace _____ Religion _____

Occupation _____ Cell Phone # _____

Place of Work _____ Work Phone _____

Mother's Name _____
Last First Middle Maiden

Address _____ Phone _____

Birthplace _____ Religion _____

Occupation _____ Cell Phone # _____

Place of Work _____ Work Phone _____

GRADE FOR 2010-2011 STUDENT'S NAME AGE

youngest _____
to _____
oldest _____

NEW STUDENTS

Child's Name _____
Last First Middle

Date of Birth _____ Birthplace _____
Month/Day/Year City and State

Date of Baptism _____ Parish _____
Month/Day/Year Name City and State

THE INFORMATION REQUESTED ON THE BACK OF THIS FORM IS NEEDED FOR ALL STUDENTS

Please list two names and phone numbers in case neither parent can be reached in an emergency.

NAME _____ PHONE _____

NAME _____ PHONE _____

BABYSITTERS NAME _____ PHONE _____

DOCTOR PREFERRED IN AN EMERGENCY _____

Name Address and Phone

DENTIST PREFERRED IN AN EMERGENCY _____

Name Address and Phone

List ALL children in your family.....youngest to oldest.

NAME AGE NAME AGE

With whom does the child live?

Is there a child custody decree in effect? _____

_____ Both Parents

_____ Single Mother

If yes, a copy of that portion of the decree needs to be on file in school together with your schedule of shared custody agreement.

_____ Mother/Stepfather

_____ Single Father

_____ Father/Stepmother

_____ Guardian

ETHNIC BACKGROUND

_____ American Indian/Not Alaskan

_____ Asian

_____ Black

_____ Nat. Hawaiian/Pacific Islander

_____ Hispanic

_____ White

_____ Multiracial

If your child has a special health problem, such as epilepsy, diabetes, cardiac, hearing loss, sight problems, allergies to medicine, bee stings, bleeding problems, headaches, etc. Please indicate below:

Also indicate if your child has any other problems such as over activity, temper tantrums, speech problems, oversensitivity.

I give permission for my child's name, parent's name(s), address and phone number to be included in the school directory/and or class list. _____ Yes _____ No

I give permission for my child's photograph to be taken and/or used for promotional purposes by St. Joseph School. _____ Yes _____ No

I give permission for my child to be identified by name when his/her photograph is used in the newspaper and the yearbook. _____ Yes _____ No