



ST. JOSEPH SCHOOL NEW STUDENT INFORMATION FORM

Date of
Registration

This form may be filled out 2 ways before returning to school office:

- 1. Click on the fields, type in information, and print.**
- 2. Print out form, and write information *legibly*.**

STUDENT INFORMATION(*please type or print and use child's full name*)

Student's Name: _____ Nickname _____
Last, First, Middle Initial (if any)

Area Code and Phone Number: _____ Date of Birth: _____

Gender: _____ Race: _____

Religion: _____ Place of Birth: _____
City, State, or Country

Baptism Information: _____
Date Church City and State

Last School Attended: _____
School Name

School Address, City, State, and Zip

Languages Spoken at Home: _____

Medical or surgical conditions which the school should be aware of? ____Y ____N

If Yes, please explain:

Family is registered as Parishioners of St. Joseph Church? ____Y ____N

CONTACT INFORMATION

Father's Name: _____ Work Phone: _____

Address: _____ Home Phone: _____

City, State, Zip: _____ Email: _____

Father's Place of Birth: _____ Father's Religion: _____

Custodial Parent? _____ (check yes)

Mother's Name: _____ Work Phone: _____

Address: _____ Home Phone: _____
If different from Father If different from Father

City, State, Zip: _____ Email: _____

Mother's Place of Birth: _____ Mother's Religion: _____

Student lives with:

_____ Both Parents _____ Custodial Parent _____ Guardian