ST. JOSEPH SCHOOL
NEW STUDENT INFORMATION FORM

Date of Registration:

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

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

Phone Number: _____ Date of Birth: _____

Male or Female (circle one) Race: _____

Social Security Number: _____ 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? ____ Yes ____ No

If Yes, please explain:

_____

_____

Family is registered as Parishioners of St. Joseph Church? ____ Yes ____ No

CONTACT INFORMATION:

Father's Name:_____ Work Phone: ( ) _____

Address: _____ Home Phone: ( ) _____

City, State, Zip: _____ Email Address: _____

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

Mother's Name:_____ Work Phone: ( ) _____

Address: _____ Home Phone: ( ) _____

City, State, Zip: _____ Email Address: _____

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

Student lives with:

____ Both Parents ____ Custodial Parent ____ Guardian _____

Demographic information (e.g., race) is requested for Archdiocesan reporting purposes. It is not used in admission decision.