

2010-2011 ST. JOSEPH SCHOOL ENROLLMENT FORM

REGISTRATION FEE DUE \$ 75.00 per student

New? How did you hear about us? _____

Student's Name _____
Last First Middle

Date of Birth _____ Social Security # _____

Place of Birth _____
City County State

Birth Certificate Received Yes or No Baptismal Certificate Received Yes or No
(please circle one) (please circle one)

Baptism Information _____
Church Street Address City State

Not Catholic Baptized: _____ Baptismal Date: _____
If true please check Month Date Year

Present Parish or Church Attended _____

* **REQUIRED** Public School Residence Attendance Area _____

School/Day Care last attended: _____ Present Grade/Age _____

Special Educational Needs/Disabilities _____

Has student been dismissed/expelled from a previous school? _____ School _____

Reason: _____

Brothers/Sisters Attending School or Pre-School:

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

Name _____ School _____ Grade _____

PARENT/GUARDIAN INFORMATION

Father's Name (Male guardian) _____ DL# _____
Last First Middle

Address _____
Street City Zip County

E-mail address _____ Telephone (Home) _____ Cellular _____

Employer _____ Telephone (Work) _____

Mother's Name (female guardian) _____ DL# _____
Last First Middle/Maiden Name

Address _____
Street City Zip County

E-mail address _____ Telephone (Home) _____ Cellular _____

Employer _____ Telephone (Work) _____

Registration Fee of \$75.00 required to complete enrollment is enclosed. I understand that this fee is non-refundable.

Parent/Guardian Signature _____

Date _____