

# ST. JOSEPH SCHOOL

## Registration Form 2010 - 2011

### STUDENT INFORMATION

Student's Full Name \_\_\_\_\_

Student's Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Date of Baptismal \_\_\_\_\_ Church \_\_\_\_\_ City/St \_\_\_\_\_

Date of Communion \_\_\_\_\_ Church \_\_\_\_\_ City/St \_\_\_\_\_

Last School Attended \_\_\_\_\_ Date \_\_\_\_\_

### FAMILY INFORMATION

Mother's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer \_\_\_\_\_ Employer's Telephone \_\_\_\_\_

Father's Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Employer \_\_\_\_\_ Employer's Telephone \_\_\_\_\_

Complete Home Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Daytime Telephone \_\_\_\_\_

Religion \_\_\_\_\_ Name of Church \_\_\_\_\_

### GRADE LEVEL

Circle One: PK3 PK4 K 1st 2nd 3rd 4th 5th 6th 7th 8th

PK3 & PK4 ONLY:  ALL Day M-F  Part time (3 days) please specify \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

Date \_\_\_\_\_

Registration Form  Social Security Card

Birth Certificate  Baptismal Certificate

Monthly Tuition Amount

Immunization Record

\$ \_\_\_\_\_