



St. Joseph School

Faithfully changing the world hand in hand.

DATE _____

GRADE TO ENTER _____ 20 _____

PLEASE COMPLETE AND RETURN

PUPIL'S NAME _____ HOME PHONE _____
FIRST MIDDLE LAST

STREET CITY STATE ZIP

PUPIL'S BIRTHDAY BIRTHPLACE EMAIL ADDRESS

FATHER _____ RELIGION _____ BIRTHPLACE _____
FIRST NAME

OCCUPATION _____ PHONE # _____ CELL # _____

MOTHER _____ RELIGION _____ BIRTHPLACE _____
FIRST NAME MAIDEN

OCCUPATION _____ PHONE # _____ CELL # _____

PARISH _____

ARE EITHER MOTHER OR FATHER ALUMNI OF ST. JOSEPH SCHOOL? _____ YEAR _____

BROTHERS _____
NAME & AGE

SISTERS _____
NAME & AGE

SACRAMENTS RECEIVED

BAPTISM _____ CHURCH _____ CITY, STATE _____
DATE

FIRST EUCHARIST _____ CHURCH _____ CITY, STATE _____
DATE

PENANCE YES _____ NO _____

TRANSFERRED FROM _____
SCHOOL CITY STATE ZIP

REASON FOR TRANSFER _____

ITEMS NEEDED FOR REGISTRATION

1. COPY OF BIRTH CERTIFICATE
2. COPY OF BAPTISMAL CERTIFICATE
3. \$100.00 NON-REFUNDABLE REGISTRATION FEE (PER FAMILY)

ACCEPTANCE OF THIS APPLICATION DOES NOT GUARANTEE A SPOT FOR YOUR CHILD. IF YOUR CHILD IS ATTENDING ANOTHER SCHOOL, KINDLY CALL OUR OFFICE ONCE A YEAR IF YOU WOULD LIKE TO REMAIN ON OUR WAITING LIST. IF YOUR CHILD WILL BE ENTERING KINDERGARTEN, PLEASE CALL THE SCHOOL OFFICE A YEAR BEFORE TO BE SURE WE HAVE YOUR NAME ON OUR LIST.