



**K-8 FAMILY REGISTRATION FORM
2020-21**

Student Name <small>(First, Middle, Last)</small>	Gender <small>(M/F)</small>	Birthdate <small>(month/day/year)</small>	Baptized Catholic <small>(please circle)</small>	Church Registered At <small>(for Diocesan Reporting Purposes)</small>	Ethnicity <small>(for Diocesan and State Reporting Purposes)</small>	Entering Grade
			Yes No			
			Yes No			
			Yes No			
			Yes No			
			Yes No			

Father's Name: _____

Mother's Name: _____

Mailing Address: _____

Mailing Address: _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Place of Employment: _____

Place of Employment: _____

Work Phone: _____

Work Phone: _____

Email: _____

Email: _____

Child(ren) in custody of (circle one): Both parents Father Mother Other: _____
Please contact the school office with any special custodial arrangements

Please describe any special needs of child(ren) registering:
 Special health needs? _____

Special educational needs? Speech Learning Disability Other: _____

If your family is new to St. Joseph School:
 Name of last school attended by each child: _____

Address: _____

A Completed Registration Includes:
 (1) This completed Registration Form
 (2) Completed Tuition Contract signed by parent(s)
 (3) Registration fees per child, listed on contract, paid in full – non refundable