

St. Joseph Catholic School

Individual Student Registration Form - 2017-2018

Grade Student will be entering for
2017-2018 school year: _____



Family Last Name: _____

Phone Number(s) for School Communication

Email address(es) for School Communication

(This is a two-sided document)

STUDENT INFORMATION

Child's Name (please include any suffix—Jr, II, III, etc.)

Birthday(M/D/Y)

Social Security #

Address (include street, number, city, state, zip)

ETHNICITY (please circle): **Hispanic/Latino** **Non-Hispanic/Non-Latino**

RACE (please circle): **Native American** **Asian** **Black**
 Native Hawaiian/Pacific Island **White** **Two or More**

RELIGIOUS INFORMATION Catholic (circle one)

Yes

No

If Catholic, Name of Parish Registered

City

Envelope Number

Has the child been baptized? (please circle)

Yes

No

Date

Church

City/State

Has the child received First Communion?

(please circle)

Yes

No

Date

Church

City/State

Student lives with: _____ **Both parents** _____ **Mother** _____ **Father** _____ **Other** _____

PARENT INFORMATION Parents are (circle one) **married** **divorced** **widowed** **other**

If parents are divorced, please explain the custody situation: (if a non-custodial parent is not permitted to have contact with a child, the school must have official court papers on file in the school office.)

Mother's Name

Address (write same if same as child)

Email Address

Home Phone

Home Phone

Cell Phone

Occupation

Place of Work

Work Phone

Work Address

The Mother (please circle yes or no)

*Is authorized to pick up the child from school yes no

* Is authorized to receive report cards yes no

*Is authorized as an emergency contact yes no

* Has custodial rights yes no

Father's Name	Address (write same if same as child)			
Email Address	Home Phone			
Home Phone	Cell Phone			
Occupation	Place of Work			
Work Phone	Work Address			
The Father (please circle yes or no)				
*Is authorized to pick up the child from school	yes	no	* Is authorized to receive report cards	yes no
*Is authorized as an emergency contact	yes	no	* Has custodial rights	yes no

Other Family Member Information (Grandparent, Stepparent, etc.)				
Relative's Name	Address (write same if same as child)			
Email Address	Home Phone			
Home Phone	Cell Phone			
Occupation	Place of Work			
Work Phone	Work Address			
This person (please circle yes or no)				
*Is authorized to pick up the child from school	yes	no	*Is authorized to receive report cards	yes no
*Is authorized as an emergency contact	yes	no	*Has custodial rights	yes no

List all children (including those not school-aged and those who are beyond SJCS-aged):

_____ Age/Gr _____ Age/Gr _____
 _____ Age/Gr _____ Age/Gr _____
 _____ Age/Gr _____ Age/Gr _____

I am a member of St. Joseph Parish: _____yes _____no

Being a member school of the Diocese of Palm Beach, St. Joseph Catholic School admits students of any race, color, national and ethnic origin. Students who attend St. Joseph Catholic School are entitled to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. The school does not discriminate on the basis of color, race, national and ethnic origin in administration of educational policies, athletic and other school administered programs.

I understand that by signing this registration, I verify that the information I have given is true and given in good faith. I also agree to support the policies and procedures of the school.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Has your child ever been tested for any form of a developmental discrepancy? _____yes _____no; if so, please describe:

