

**St. Joseph Catholic School
Registration Form
2020/2021 School Year**

Family Name _____ Phone _____
Home Address _____ City _____ Zip _____
Ethnicity _____ Language Spoken _____ English _____ Spanish _____ Japanese _____

STUDENTS YOU ARE REGISTERING AT ST. JOSEPH (Please list oldest to youngest.)

First	Middle	Last	Nickname	Grade	DOB
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

*** Note: A copy of all custody/divorce/guardianship papers must be on file in the school office***

MOTHER'S INFORMATION

Name _____ Phone (if different from above) _____
Address (if different from above) _____
Email Address (required - it is our primary means of correspondence) _____
Employer _____ Work Phone _____
Religion _____ Registered Member: St. Joseph St. Vincent (circle one)

FATHER'S INFORMATION

Name _____ Phone (if different from above) _____
Address (if different from above) _____
Email Address (required - it is our primary means of correspondence) _____
Employer _____ Work Phone _____
Religion _____ Registered Member: St. Joseph St. Vincent (circle one)

EMERGENCY CONTACTS (Responsible person(s) that may be called to come for your child(ren) in case of illness or other emergency if you cannot be reached)

Name _____ Relationship _____
Contact Number _____
Name _____ Relationship _____
Contact Number _____

AUTHORIZED PERSON(S) (Person(s) authorized to pick your child up from school in addition to emergency contacts noted above)

Name _____ Phone Number _____

Name _____ Phone Number _____

Name _____ Phone Number _____

Please circle the usual transportation for your child(ren):

Morning: bus car Afternoon: bus car after-school care

According to your address, which public elementary school would your child(ren) attend if not enrolled at St. Joseph? _____

What school did your child(ren) attend last year (if any)? _____

Please list any academic support or enrichment services (special education, Title I, Title III, etc.) your child has received:

Student _____ Services _____

Student _____ Services _____

Please list any additional academic concerns the school should be aware of:

Student _____ Concerns _____

Student _____ Concerns _____

Please list any known allergies or health concerns: _____

(Permission to Treat and Medication Forms must be completed and turned into the school office)

I give permission for my child(ren) to access the Internet on filtered school devices. Please contact the school if you would like a copy of our Acceptable Use Policy. Parent Initials _____

I give permission for my child(ren)'s photograph to be used in print and social media. Parent Initials _____

Parent Signature _____ Date _____