

# 2018-2019 ST. JOSEPH SCHOOL ENROLLMENT FORM

<b>REGISTRATION FEE DUE</b>	\$ 200.00 per student (\$175 for each additional student per family)
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Student's Name \_\_\_\_\_  
Last First Middle

Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Place of Birth \_\_\_\_\_  
City County State

Birth Certificate Received Yes / No Catholic Baptized Yes / No

Present Parish or Church Attended \_\_\_\_\_

\* **REQUIRED** Public School Residence Attendance Area \_\_\_\_\_

\* **Ethnicity:** \_\_\_\_\_

School/Day Care last attended: \_\_\_\_\_ 2018-2019 Grade \_\_\_\_\_

Special Educational Needs/Disabilities \_\_\_\_\_

Has student been dismissed/expelled from a previous school? \_\_\_\_\_ School \_\_\_\_\_

Reason: \_\_\_\_\_

### Brothers/Sisters Attending School or Pre-School:

Name _____	School _____	Grade _____
Name _____	School _____	Grade _____
Name _____	School _____	Grade _____

**Service Hour Talent:** I can do \_\_\_\_\_  
Maintenance, room parent, electrical, wood work, lawn care, etc.

### PARENT/GUARDIAN INFORMATION

Father's Name (Male guardian) \_\_\_\_\_ DL# \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City Zip County

E-mail address \_\_\_\_\_ Telephone (Home) \_\_\_\_\_ Cellular \_\_\_\_\_

Employer \_\_\_\_\_ Telephone (Work) \_\_\_\_\_

Please place an asterisk by the preferred #

Mother's Name (female guardian) \_\_\_\_\_ DL# \_\_\_\_\_  
Last First Middle/Maiden Name

Address \_\_\_\_\_  
Street City Zip County

E-mail address \_\_\_\_\_ Telephone (Home) \_\_\_\_\_ Cellular \_\_\_\_\_

Employer \_\_\_\_\_ Telephone (Work) \_\_\_\_\_

Please place an asterisk by the preferred #

**Registration Fee of \$200.00 required to complete enrollment. I understand that this fee is non-refundable.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date