



**SAINT JOSEPH PARISH SCHOOL**  
*Est. 1924*

**APPLICATION FOR REGISTRATION**

&

**ENROLLMENT AGREEMENT**

Required for Kindergarten - Grade 8  
 Please submit form with application fee

**APPLICANT (STUDENT) INFORMATION**

*All information must be completely filled-in before accepted*

FIRST NAME	LAST NAME	MIDDLE NAME	NICKNAME (IF PREFERRED)
<input type="checkbox"/> MALE	<input type="checkbox"/> FEMALE	DATE OF BIRTH (MM/DD/YYYY)	GRADE LEVEL
HOME STREET		CITY	STATE ZIP
WITH WHOM DOES THE STUDENT PRIMARILY RESIDE? (CHECK ALL THAT APPLY)			
<input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> LEGAL GUARDIAN <input type="checkbox"/> OTHER (PLEASE EXPLAIN) _____			
RACE / ETHNICITY:			
<input type="checkbox"/> AFRICAN AMERICAN/BLACK <input type="checkbox"/> ASIAN AMERICAN <input type="checkbox"/> CAUCASIAN/WHITE <input type="checkbox"/> LATINO/HISPANIC <input type="checkbox"/> MULTIRACIAL <input type="checkbox"/> NATIVE AMERICAN <input type="checkbox"/> PACIFIC ISLANDER <input type="checkbox"/> OTHER			
RELIGION:		REFERRAL: HOW DID YOU FIRST HEAR ABOUT SAINT JOSEPH SCHOOL AND WHAT LED TO YOUR DECISION TO CHOOSE SAINT JOSEPH SCHOOL AS THE PLACE OF EDUCATION FOR YOUR CHILDREN?	
<input type="checkbox"/> CATHOLIC <input type="checkbox"/> NON-CATHOLIC			
WHAT PUBLIC SCHOOL DISTRICT WOULD THE STUDENT ATTEND IF THEY WERE NOT ENROLLED AT SAINT JOSEPH SCHOOL?			
WHAT PUBLIC SCHOOL BUILDING WOULD THE STUDENT ATTEND IF THEY WERE NOT ENROLLED AT SAINT JOSEPH SCHOOL (FOR EXAMPLE: NORD, POWERS, ETC.)?			

**FAMILY INFORMATION**

<b>MOTHER</b>			
<input type="checkbox"/> DR.	<input type="checkbox"/> MRS.	<input type="checkbox"/> MS.	FULL NAME
HOME STREET		CITY	STATE ZIP
CELL PHONE	WORK PHONE	HOME PHONE	EMAIL
OCCUPATION	TITLE	EMPLOYER	
<b>FATHER</b>			
<input type="checkbox"/> DR.	<input type="checkbox"/> MR.	FULL NAME	
HOME STREET		CITY	STATE ZIP
CELL PHONE	WORK PHONE	HOME PHONE	EMAIL
OCCUPATION	TITLE	EMPLOYER	
MARITAL STATUS: (CHECK ALL THAT APPLY)			
<input type="checkbox"/> PARENTS ARE MARRIED AND LIVING TOGETHER	<input type="checkbox"/> PARENTS ARE SEPARATED	<input type="checkbox"/> MOTHER IS REMARRIED	NAME OF STEPFATHER
<input type="checkbox"/> PARENTS ARE DIVORCED*	<input type="checkbox"/> SINGLE PARENT	<input type="checkbox"/> FATHER IS REMARRIED	NAME OF STEPMOTHER
*a copy of the divorce decree pertaining to the child must be on file in the school			
<b>GUARDIAN (if applicable)</b>			
FULL NAME		RELATIONSHIP TO APPLICANT	
HOME STREET		CITY	STATE ZIP CELL
PHONE	WORK PHONE	HOME PHONE	EMAIL

