

SAINT JOSEPH SCHOOL ~ ENROLLMENT CARD 20____20____

St. Joseph ID number _____
(Office will assign)

STUDENT INFORMATION:

Student's complete **LEGAL** name (must match Birth Certificate)

Last _____

First _____

Middle _____

Grade: Y-5 K 1 2 3 4 5 6 7 8

Male _____ Female _____

Student's Complete Address:

-(Physical) _____

-(Mailing, or PO Box.) _____

-City _____ State _____ Zip _____

-Home Phone _____ Unlisted? Y N

-Cell phone _____

-School District in which you live _____

★ **Ethnic Code:** (please circle all that apply) 1 American Indian 2 Asian
 3 Black 4 Pacific Islander 5 White 6 Hispanic

Is Student a U.S. Citizen? Yes _____ No _____

Student Birth Date: ____/____/____

City of Student's Birth: _____

Birth Certificate: SINGLE BIRTH _____ MULTIPLE BIRTH _____

★ Immunization: Had Chicken Pox? Yes No (Year _____)

Immun. Record Submitted: _____ OR WAIVER Submitted: _____

Student LIVES with: [please check all that apply]

- () Mom and Dad
- () Mom Only or () Mom and Step-Dad (by marriage)
- () Dad Only or () Dad and Step-Mom (by marriage)
- () Divorced, Joint Custody and
 = **primarily with:** () Mom () Dad or () 50/50 Custody
- () Foster Parents () Grandparents
- () Other family member(s) _____

Language spoken in the home:
 () English () Other _____

★ **Student's residence is** (please check one):

- () Single family in the house/dwelling
- () More than one family in the house/dwelling
- () Lives with friends or relatives (other than parents/guardians)

Religion: Child: _____

Mother: _____

Father: _____

Date Place

Child's Baptism _____

Reconciliation _____

First Communion _____

Confirmation _____

Other Children in the family:

Name _____ B'date _____ Grade _____

Name _____ B'date _____ Grade _____

Name _____ B'date _____ Grade _____

Name _____ B'date _____ Grade _____

Today's Date _____

First School Day will be: _____

PARENT/GUARDIAN INFORMATION:

Father/Guardian name _____

Work Place _____

Work Phone _____

Cell Phone _____

Mother/Guardian name _____

Work Place _____

Work Phone _____

Cell Phone _____

Father/Guardian's Complete Address

-(Physical) _____

-(Mailing, or PO Box.) _____

-City _____ State _____ Zip _____

-Home Phone _____ Unlisted? Y N

Cell phone _____

County of Residence _____

Email (Print clearly) _____

Mother/Guardian's Complete Address

-(Physical) _____

-(Mailing or PO Box) _____

City _____

-Home Phone _____ Unlisted? Y N

-Cell Phone _____

County of Residence _____

Email _____

✓✓ **TWO ADDITIONAL EMERGENCY CONTACTS:**

1ST: Emergency number _____

Name _____

Relationship _____

2ND: Emergency number _____

Name _____

Relationship _____

Persons authorized to pick up students

1. Name _____

Relationship _____

2. Name _____

Relationship _____

3. Name _____

Relationship _____

4. Name _____

Relationship _____

Initials of Parent/Guardian: _____ Date _____

STUDENT NAME (Office Use Only) LAST FIRST Middle Parish Member Y N