

CHURCH OF ST. JOSEPH- RARITAN, NEW JERSEY
STUDENT ENROLLMENT APPLICATION FOR- YEAR 2019-2020
Please download form from our Parish Web site:
www.stjosephraritan.weconnect.com

Student's Last Name: _____ **Home Telephone #:** _____

PARENT(S) Last Name: (Please Circle) Miss/Ms/Mr/Mrs _____

Address: _____ Town: _____ Zip Code: _____

Father's Cell Phone #: _____ Mother's Cell Phone #: _____

Father's Name: _____ Religion: _____ Work Telephone #: _____

Mother's Name: _____ Maiden Name: _____ Religion: _____ Work phone #: _____

E-MAIL ADDRESS: _____ (This is how we will communicate with you)

IN CASE OF EMERGENCY:

A LOCAL CONTACT NAME AND TELEPHONE NUMBER OTHER THAN PARENTS MUST BE GIVEN.

Name: _____ **Phone Number:** _____

Relationship: _____

Student's Name:	M or F	Years of	Birth	Check Sacraments Received			Grade as of	(Office)
		Rel. Ed.	Date	Baptism	Eucharist	Confirmation	Sept. 19	

This registration form must be filled out on both sides or it will be returned.

Sacrament dates and fees to be determined.
Registration only at this time.