

## Registration for 2024 - 2025

A non-refundable \$200 registration fee per student, payable to St. Joseph School, must accompany this form. *This fee is waived for students enrolling in the Private School Choice Program.* 

A separate form for 3K and 4K are also available.

Child's Information		
Name of Child:		Grade:
(Last)	(First) (Middle)	
Date of Birth:	_ Circle one: Male / Female Religion:	
Date of Baptism:	Church:	City:
Prior School Attended:		City:
Will your child be bussed? Yes / No /	Still Deciding	
Name of Child:		Grade:
(Last)	(First) (Middle)	
Date of Birth:	_ Circle one: Male / Female Religion:	
Date of Baptism:	Church:	City:
Prior School Attended:		City:
Will your child be bussed? Yes / No /	Still Deciding	
Name of Child:		Grade:
(Last)	(First) (Middle)	
Date of Birth:	_ Circle one: Male / Female Religion:	
Date of Baptism:	Church:	City:
Prior School Attended:		City:
Will your child be bussed? Yes / No /	Still Deciding	
Father's Information		
Name of Father:	(Fig.)	/A 4: - - - -
(Last)	(First)	(Middle)
Address:(Street)	(City)	(Zip)
Daytime Phone: ()	_ Circle: Mobile / Home / Work Email:	
Place of Employment:	Occupation:	Religion:

Mother's Information			
Name of Mother: (Last)	(First)	(Middle)	(Maiden)
` ,	, ,	(whate)	(watach)
Address: (Street)	(City)	1	(Zip)
Daytime Phone: ()	Circle: Mobile / Home /	/ Work Email:	
Place of Employment:	Occupation:		Religion:
PRIMARY PLACEMENT OR CUSTODY (pla	ease provide the court docun	nentation upon accep	tance)
Parents are (circle one): Married / Div	vorced / Separated / Rema	rried / Widowed / I	Unmarried
Individual with whom the child primarily	y lives (circle one): Both par	rents / Father / Mot	ther / Other:
Does the parent with whom the child do	oes not live have any court re	strictions on his/her ¡	parental rights? Yes / No
If the child lives with the remarried pare	ent, is the parent's spouse the	e adoptive parent?	Yes / No
Additional Information			
Has your child ever repeated a grade?	Yes / No		
Has your child been recommended for a	ın Individual Educational Plar	ı (IEP)? Yes / No	
If yes, please describe:			
Are there any other special circumstance	es concerning your child that	: we should be made a	aware of?
I am a registered parish member of: (Cir	rcle one) St. Joseph Congreg	ation / Other:	
How did you hear about our school? (Ci	ircle all that apply): Church /	Yard Sign / Banner /	Website / Google / Facebook /
Door Hanger / Mailer / Friend /	Relative / Other:		
Acknowledgement  By signing below, I acknowledge the info on a probationary basis. I understand re religious, educational and behavioral ne	egistration, placement and co	•	•
	Date	:	
(Signature)			
(Print name)			
NEW STUDENTS ONLY: Please ret document	turn along with the child tation. The birth certific	_	
Received registration form, date Received registration fee: Cash, receipt provided, on the control of the control of the cert	date: ee:		