

# Registration Form

St. Joseph Catholic Academy

OFFICE USE ONLY

School Year \_\_\_\_\_

Registration Fee Paid: \_\_\_\_\_ Check # \_\_\_\_\_

Fund Raising Fee Paid: \_\_\_\_\_ Check # \_\_\_\_\_

School Fee Paid: \_\_\_\_\_ Check # \_\_\_\_\_

*Please Note: The Registration Fee is NOT REFUNDABLE.*

## Student Information

Today's Date \_\_\_\_\_

Social Security number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Religion: \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name: \_\_\_\_\_

Last Name \_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Apt # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Circle one: Male Female School Previously attended: \_\_\_\_\_

Birth date: \_\_\_\_\_ Registering for GRADE: \_\_\_\_\_  
mm/dd/yyyy

If the student has received any of the following sacraments of the Catholic Church, please complete the appropriate items below:

### CHURCH NAME AND LOCATION

Baptism: \_\_\_\_\_  
mm/dd/yyyy

Penance: \_\_\_\_\_  
mm/dd/yyyy

Communion: \_\_\_\_\_  
mm/dd/yyyy

Confirmation: \_\_\_\_\_  
mm/dd/yyyy

Is this child the oldest child in your family enrolled in this school? Yes No

List additional children in St. Joseph Catholic Academy:

Name	Class	Name	Class
_____	_____	_____	_____

The name and location of the church where this student currently worships:

\_\_\_\_\_

Primary language spoken at home: \_\_\_\_\_

Other language spoken at home: \_\_\_\_\_

Since St. Joseph is a Catholic academy, all students regardless of religious affiliation are enrolled in religion class and must attend religious events held during school.

Please initial here \_\_\_\_\_ to indicate that you are aware of these requirements.

**Family Information**

**Father** (This is a primary caretaker of the student and resides with the student. If the father is deceased, please indicate 'deceased.' If the father is not a primary caretaker and does not reside with the student, please leave this section blank.)

Title: \_\_\_\_\_ (Mr., Dr. etc.) Social Security Number \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Place of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Other (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_, (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

**Mother** (This is a primary care taker of the student and resides with the student. If the mother is deceased, please indicate 'deceased.' If the mother is not a primary care taker and does not reside with the student, please leave this section blank.)

Title: ( Mrs., Dr., Ms., etc.) Social Security Number \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Place of Birth \_\_\_\_\_ Religion \_\_\_\_\_

Occupation \_\_\_\_\_ Work Phone (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Other (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_, (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Ext. \_\_\_\_\_

Family Email \_\_\_\_\_

**Affiliation Status of the Child**

**Ethnicity of the Child**

\_\_\_ Catholic

\_\_\_ American Indian / Native Alaskan

\_\_\_ Native Hawaiian / Pacific Islander

\_\_\_ Asian                      \_\_\_ Black

\_\_\_ Non-Catholic

\_\_\_ Multi-Racial      \_\_\_ White

Hispanic: \_\_\_Yes No\_\_\_

**Signature**

I agree to the schedule of tuition payments and other fees, to meet all school obligations, including attendance at Parent Teacher conferences and other meetings as requested, and to adhere to the guidelines contained in the Student and Parent Handbook. (refer to the Student/Parent Handbook at [www.sjcalic.org](http://www.sjcalic.org))

Signature of Father/Mother/Legal Guardian:

\_\_\_\_\_ Date \_\_\_\_\_

Please Note: Final official acceptance at St. Joseph Catholic Academy is dependent on (1) a review of prior school records and an interview if deemed necessary, (2) clear financial balance at prior Catholic school, (3) payment of fees for the current academic year.