



**ST. JOSEPH INTERPAROCHIAL SCHOOL
REGISTRATION FORM – NEW STUDENTS ONLY**

The information requested is necessary for school files.

Student Name: _____ **Grade:** _____

Last _____ **First** _____ **Middle** _____ **Preferred Name** _____

Address _____ **City/State** _____ **Zip** _____ **Phone#** _____

Birthdate _____ **Place** _____ **City/State** _____

Social Sec# _____ **Age** _____ **Male** _____ **Female** _____

Baptism/Date _____ **Church** _____ **City/State/Zip** _____

First Communion/Date _____ **Church** _____ **City/State/Zip** _____

Ethnic Code (check one): _____ **Caucasian** _____ **African American** _____ **Hispanic** _____ **Multi Racial** _____
(check one) _____ **Asian or Pacific Islander** _____ **American Indian or Alaskan Native** _____

School Last Attended _____ **Grade** _____ **Phone #** _____
Fax # _____

Street Address _____ **City/State/Zip** _____

Public School District you currently reside in _____ **Name of school in District.** _____

Catholic Parish Family Registered In (check one): _____ **Holy Spirit** _____ **St. Joseph** _____ **Non-Catholic** _____

FATHER

MOTHER

Name: _____

Name: _____

Address: _____

Address: _____

City/State/Zip _____

City/State/Zip: _____

Home Phone: _____ **Cell:** _____

Home Phone: _____ **Cell:** _____

Place of Employment: _____

Place of Employment; _____

Position: _____ **Phone:** _____

Position: _____ **Phone** _____

Marital Status: _____ **Religion** _____

Marital Status: _____ **Religion** _____

Student Lives with: **Mother and Father** **Mother** **Father** **Legal Guardian** **Stepmother** **Stepfather**

If parents are separated or divorced, who has legal custody of the student? Name: _____

Address _____ **Phone:** _____

Number of Brothers _____ **Number of Sisters** _____

Please list younger children to ensure that they are put on the waiting list

Name

BIRTHDATE

Parent Signature _____ **Date** _____