St. Joseph Catholic School Registration Form (PreK-8th)

(returning students)

Please print all inforn	<u>nation</u>	Today's Date	
Ch il d's Name:			
Last Nam	e First	Name N	Middle
Incoming Grade Level:	_Check days attend	ing for <u>PreK</u> :M	TWThF
Child's Name:			
Last Nam	e First	Name N	Middle
Incoming Grade Level:	_Check days attend	ing for <u>PreK</u> :M	TWThF
Child's Name:			
Last Nam	e First	Name N	Middle
Incoming Grad	e Level:		
Ch i ld 's Name :			_
Last Nam	e First	Name N	Middle
Incoming Grad	le Level:		
Registration fee:	Check #	Date	•

****Please make any <u>UPDATES</u> to Father and Mother <u>information</u>:

		First Name Religion:		Middle	
*No Changes Needed:	_)				
lome Address:					
Street		City	Zip (Code	
lome Telephone:		-			
Occupation:	Business Addr	·ess:			
Cell Phone :	Busin	ess Phone :			
Email Address:					
Mother:					
			First Name	Middl	
Maiden Name			First Name	Middl	
Maiden Name	Last Name	Religion:_		Midd	
Maiden Name	Last Name	Religion:_ City			
Maiden Name *No Changes Needed:	Last Name				
Maiden Name *No Changes Needed: Street Home Telephone:	Last Name	City		Zip Code	
Maiden Name *No Changes Needed: Street	Last NameBusiness Addr	City - ress:		Zip Code	