

Saint Joseph School - ENROLLMENT CARD 20__ - 20__

St. Joseph ID number _____ **Name** _____ **B'date** _____ **Grade** _____
(Office will assign)

Today's Date: _____

STUDENT INFORMATION:

Student's complete **LEGAL** name (must match Birth Certificate)

Last _____

First _____

Middle _____

Grade: Pre-3 Pre-4 K 1 2 3 4 5 6 7 8

Male _____ Female _____

Student's Complete Address:

(Physical Address) _____

(Mailing, or PO Box) _____

City _____ State _____ Zip _____

Home Phone _____ Unlisted? _____

Cell phone _____

School District in which you live _____

Ethnic Code: Please select all that apply

- American Indian Asian Black Hispanic
- Pacific Islander White

Is Student a U.S. Citizen? Yes _____ No _____

Student Birth Date: ___/___/_____

City of Student's Birth: _____

Birth Certificate: Single Birth _____ Multiple Birth _____

Immunization: Had Chicken Pox? Yes _____ No _____ (year _____)

Immun. Record Submitted: _____ Or Waiver Submitted: _____

Student LIVES with: (check ALL that apply)

- Both Mom and Dad (biological or legally adoptive)
 - Mom Only or Mom and Step-Dad (by marriage)
 - Dad Only or Dad and Step-Mom (by marriage)
 - Divorced, Joint Custody and student lives (check one):
primarily with: Mom Dad -or- 50/50 Custody
 - Foster Parents
 - Grandparents
 - Other Adult Family Member(s) _____
- Language spoken in the home:
 English Other _____
- Student Residence is** (please check best answer):
 Single family in the house or dwelling
 More than one family in the house or dwelling
 Lives with friends or relatives
 (other than parents/guardians)

Religion: Child: _____

Mother: _____ Father: _____

Date Place

Child's Baptism: _____

Reconciliation: _____

First Communion: _____

Confirmation: _____

Other children in the family home

Name _____ B'date _____ Grade _____

Name _____ B'date _____ Grade _____

Name _____ B'date _____ Grade _____

PARENT/GUARDIAN INFORMATION:

Father/Guardian Name _____

Work Place _____

Work Phone _____

Cell Phone _____

Mother/Guardian name _____

Work Place _____

Work Phone _____

Cell Phone _____

Father/Guardian

Name _____

(Physical) _____

(Mailing, or PO Box) _____

City _____ State _____ Zip _____

Home Phone _____

Cell phone _____

County of Residence: _____

Email (print clearly) _____

Mother/Guardian

Name _____

(Physical) _____

(Mailing, or PO Box) _____

City _____ State _____ Zip _____

Home Phone _____

Cell phone _____

County of Residence: _____

Email (print clearly) _____

TWO ADDITIONAL EMERGENCY CONTACTS

Name _____

Relationship _____

Emergency Number _____

Name _____

Relationship _____

Emergency Number _____

1. Persons authorized to pick up student

2. Name _____

Relationship _____

3. Name _____

Relationship _____

4. Name _____

Relationship _____

Initials of Parent/Guardian: _____ Date _____

Parish Member: Yes _____ No _____

STUDENT NAME

LAST

FIRST

MIDDLE