



St. Joseph Consolidated School
NEW STUDENT REGISTRATION - GRADES K-8
PLEASE PRINT - Custodial parent must complete this form.

A \$50 PER FAMILY NON-REFUNDABLE REGISTRATION FEE SHOULD ACCOMPANY THIS FORM

A COPY OF BIRTH CERTIFICATE AND BAPTISMAL RECORD NEED TO BE FORWARDED TO THE SCHOOL OFFICE AFTER NOTIFICATION OF ACCEPTANCE.

GENERAL STUDENT INFORMATION

Name: Last _____ First _____ Middle _____

Prefers to be called _____ Gender Male Female

Student S.S. # _____ For School Year _____ Grade _____

Address _____
(street) (city) (state) (zip)

Email address: _____

Phone _____ Date of Birth: Month _____ Day _____ Year _____

Religion _____ Race _____

If Catholic: A Registered Parishioner at _____ Parish

Public School District of Residence _____

Public Elementary School of Residence _____

School Last Attended _____ In Grade _____

STUDENT'S RELIGIOUS BACKGROUND -GRADES K-8

Sacraments	Date	Church	City/State
Baptism			
Reconciliation			
First Eucharist			
Confirmation			

Office Use Only

Registration Fee Paid: Yes / No Date: _____

Payment Received By: Cash / Check - Check # _____

Copy of Birth Certificate Received: Yes / No Copy of Baptismal Record Received: Yes / No

