

**Registration Form
St. Joseph Catholic Academy
School Year 2021-2022**

OFFICE USE ONLY

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: _____

Has your child ever been evaluated privately or through the DOE Committee on Special Education? ___ YES ___ NO
If YES, has your child received special services? ___ YES ___ NO Does your child have a current IEP? ___ YES ___ NO

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 hours.

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. ____
Home: (____) ____ - _____, Cell: (____) ____ - _____

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. ____
Home: (____) ____ - _____, Cell: (____) ____ - _____
Family Email _____

Affiliation Status of the Child

___ Catholic
___ Non-Catholic

Ethnicity of the Child

___ American Indian / Native Alaskan
___ Native Hawaiian / Pacific Islander
___ Asian ___ Black
___ Multi-Racial ___ White
Hispanic: ___ Yes No___

Photo Release

I authorize photographs/images of my child(ren) to be used by St. Joseph Catholic Academy in publications produced by the academy. **Please initial here** _____

Nursery students must be potty trained on the first day of school. Please initial here _____

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)

Signature of Father/Mother/Legal Guardian:

_____ Date _____

Please Note: Final official acceptance at St. Joseph Catholic Academy is dependent upon an interview.