

St. Joseph Catholic School Registration Form

School Year 2018-19

Please complete one form per family.

Register Pre-Kindergarten – 6th Grade
\$100 per child

Please list all children in family, indicate their grade for 2018-19 and their birthdate.

Student Name: _____ Grade _____ DOB _____

Student Name: _____ Grade _____ DOB _____

Student Name: _____ Grade _____ DOB _____

Address: _____ City _____ Zip _____

Contact Phone: _____ Email: _____

Mother Name: _____ Father Name _____

Parish currently attending: _____

Religion (if not Catholic): _____

If you are registering for PK - Please indicate your Pre-K Choice:

How many days of the week will your child attend? _____

Will your child attend full days or morning only? _____

If student is transferring to St. Joseph from another school please complete this information.

Last School Attended: _____ Grade _____

FOR OFFICE ONLY: Date Received _____ Payment received _____