

2017-2018 STUDENT REGISTRATION INFORMATION FORM

Student's Last Name _____ / First _____ / Middle _____ / Preferred Name _____ / Grade _____

Student's Social Security # (Required) _____ / Date of Birth _____ / Age _____ / Gender _____ / () _____ / Student's Cell # with Area Code _____

Student's Religion _____ / Church or Parish Preference _____ / Student's Personal Email – **NOT Parent Email** _____

Race _____ Entered St. Joseph in what grade _____ from what previous school _____

Who is custodial guardian or parent – Mother, Father, Both or Other? _____ (Describe if "Other") _____

FATHER or MALE GUARDIAN INFORMATION			
▲ Father's Last Name	▲ First	▲ Middle	▲ Social Security #
▲ Father's Street Address	▲ City	▲ ST	▲ Zip
▲ Father's Email	▲ Employer	▲ Occupation or Job Title	
()	()	()	
Father's landline ▲ "None" if no landline	▲ Father's Cell # with Area Code	▲ Work # with Area Code	

MOTHER or FEMALE GUARDIAN INFORMATION			
▲ Mother's Last Name	▲ First	▲ Middle	▲ Social Security #
▲ Mother's Street Address	▲ City	▲ ST	▲ Zip
▲ Mother's Email	▲ Employer	▲ Occupation or Job Title	
()	()	()	
Mother's landline ▲ "None" if no landline	▲ Cell # with Area Code	▲ Work # with Area Code	

Emergency Contact (*Other than parent*) _____ Telephone () _____

Physician's Name _____ () _____ / Physician's Area Code & Telephone # _____ Hospital Preference _____

State any known medical conditions: _____

SCHOOL DOES NOT PROVIDE INSURANCE: Personal Ins. Info _____ / Insurance Company Name _____ Policyholder (Father, Mother or Other) _____

PERSONS THAT MAY SIGN OUT STUDENT AND RELATIONSHIP
 Parent must call and inform office of any changes in case of emergencies

Name _____	Relationship _____	TELE # () _____
Name _____	Relationship _____	TELE # () _____
Name _____	Relationship _____	TELE # () _____

CHECK HERE IF ADDITIONAL NAMES ARE LISTED ON BACK