



*The community you feel. The lessons you love.*

**Grades K-8 Registration Application**

Parish: \_\_\_\_\_ SSJ Parish ID#: \_\_\_\_\_ (office completes)

**Name of Student:** \_\_\_\_\_  
Last First Middle

Birth date: \_\_\_\_\_ Gender: (M) \_\_\_\_\_ (F) \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Grade entering as of September: \_\_\_\_\_ Ethnic Background: \_\_\_\_\_

Public School District of Residence: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_  
(Number and street name)  
\_\_\_\_\_  
(City, State and Zip Code)

Phone Number including area code: \_\_\_\_\_

One Phone Number including area code to call during the day if there is an emergency using our automated phone service: \_\_\_\_\_

Primary e-mail address: \_\_\_\_\_

**Full Name of Mother:** \_\_\_\_\_  
(Including Maiden Name)

Religion of Mother: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Mother's Work Number #: \_\_\_\_\_ Mother's Cell Number #: \_\_\_\_\_

**Full Name of Father:** \_\_\_\_\_

Religion of Father: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Father's Work Number #: \_\_\_\_\_ Father's Cell Number#: \_\_\_\_\_

Parents are: Married Separated Divorced Deceased-Mother Deceased-Father  
(Please circle)

*(Please fill out student section on reverse side)*

Home situation of student – please check all that apply.

\_\_\_\_\_ 2 biological parents

\_\_\_\_\_ Father/stepmother

\_\_\_\_\_ 1 parent

\_\_\_\_\_ Mother/stepfather

\_\_\_\_\_ Other (specify) \_\_\_\_\_

Please list Stepparents, Guardians, or addresses of parents if different from what is already listed:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

(Number and street name)

\_\_\_\_\_ (City, State and Zip Code)

Phone Number including area code: \_\_\_\_\_

Language spoken at home if not English: \_\_\_\_\_

Please list other siblings.

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade if in school \_\_\_\_\_

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**Sacramental Information for registering student**

**Date                      Church                      City                      State**

Baptism \_\_\_\_\_

First Penance \_\_\_\_\_

First Eucharist \_\_\_\_\_

Confirmation \_\_\_\_\_

Has your child been tested for a learning disability need? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, was an Individualized Education Plan (IEP) developed for your child? \_\_\_\_\_ Yes                      \_\_\_\_\_ No

**If yes, please provide a copy of the IEP.**

Does your child receive any special services such as Speech, Physical Therapy, Occupational Therapy. \_\_\_\_\_ Yes                      \_\_\_\_\_ No. If yes, please list services \_\_\_\_\_

**Rectory approval** \_\_\_\_\_

**Nurse approval** \_\_\_\_\_

**Date rec'd.** \_\_\_\_\_

**Fee amount** \_\_\_\_\_

**Check Number** \_\_\_\_\_