



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 _____