



## Saint Joseph School Family Registration Form

School year:			
Family last name:			<input type="checkbox"/> new family <input type="checkbox"/> returning family
Family religious affiliation:		Parish:	
School district:			
<b>Home Info</b>			
Parental status:	<input type="checkbox"/> married <input type="checkbox"/> separated <input type="checkbox"/> divorced <input type="checkbox"/> single <input type="checkbox"/> widow/er <input type="checkbox"/> other		
Students live with:	<input type="checkbox"/> both parents/guardian <input type="checkbox"/> mother <input type="checkbox"/> father <input type="checkbox"/> mother/stepfather <input type="checkbox"/> father/stepmother <input type="checkbox"/> grandparents <input type="checkbox"/> other		
Address of the person/s with whom the student(s) live	Street:		
	City, State, Zip:		
Home phone:			<input type="checkbox"/> unlisted
Other phone:			
Email address: <i>(omit if included below)</i>			<input type="checkbox"/> exclude email from the school directory
Language spoken at home:	<input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> other _____		
<input type="checkbox"/> exclude family from the school directory		<input type="checkbox"/> exclude address from the school directory	
<b>Father</b>		<b>Mother</b>	
Name:		Name:	
Occupation:		Occupation:	
Employer:		Employer:	
Cell phone:		Cell phone:	
<input type="checkbox"/> Exclude cell from directory		<input type="checkbox"/> Exclude cell from directory	
Business phone:		Business phone:	
Email:		Email:	
<input type="checkbox"/> Exclude email from directory		<input type="checkbox"/> Exclude email from directory	
Religion:		Religion:	
Protecting God's Children	<input type="checkbox"/> Yes <input type="checkbox"/> No	Protecting God's Children	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Maiden name:	
<b>Transportation</b> <i>(list anyone else who may pick up your students)</i>			
Name:		Name:	
<b>Emergency Contacts</b>			
Name:		Phone:	
Name:		Phone:	
Name:		Phone:	
<b>Comments</b> <i>(Enter any additional information about your family you feel the school should have.)</i>			
Parent Signature:			Date: