



REGISTRATION FORM

Registration for: Pre-School Kindergarten Elementary/Intermediate/Middle

Contact Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Tel. No: _____ Alt. Tel. No: _____ email: _____

STUDENT(S) INFORMATION

- Existing Family (existing St. Joseph School families-copies of birth and sacramental certificates not required)
- New registrant (must provide certified birth certificate and sacramental certificate copies)

We would like to register the following child(ren) in St. Joseph School for August 2007:

1. _____
Grade *Last Name* *First Name* *Middle Name*

Nickname *Birth Date* *Current Age* *Male* *Female* *Religious Affiliation*

Check if sacrament has been received – new registrants attach certificate copies:

Baptism _____ First Eucharist _____ Reconciliation _____
Date *Date* *Date*
 Former School Name _____ City _____ State _____ Telephone _____

2. _____
Grade *Last Name* *First Name* *Middle Name*

Nickname *Birth Date* *Current Age* *Male* *Female* *Religious Affiliation*

Check if sacrament has been received – new registrants attach certificate copies:

Baptism _____ First Eucharist _____ Reconciliation _____
Date *Date* *Date*
 Former School Name _____ City _____ State _____ Telephone _____

3. _____
Grade *Last Name* *First Name* *Middle Name*

Nickname *Birth Date* *Current Age* *Male* *Female* *Religious Affiliation*

Check if sacrament has been received – new registrants attach certificate copies:

Baptism _____ First Eucharist _____ Reconciliation _____
Date *Date* *Date*
 Former School Name _____ City _____ State _____ Telephone _____

STUDENT(S) INFORMATION (CONTINUED)

4. _____
Grade Last Name First Name Middle Name

Nickname Birth Date Current Age Male Female Religious Affiliation

Check if sacrament has been received – new registrants attach certificate copies:

Baptism _____ First Eucharist _____ Reconciliation _____
Date Date Date
Former School Name _____ City State Telephone

PERSON RESPONSIBLE FOR PAYMENT OF TUITION

Name: _____ Date: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ Alt. Tel. No.: _____ email: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Phone: _____ Relationship: _____
Name: _____ Phone: _____ Relationship: _____

APPLICANT’S PARISH OR ALUMNI INFORMATION

One or both parents of student(s) are St. Joseph School alumni
 We are active registered parishioners of St. Joseph Parish in Brookfield
 We are active registered parishioners of Parish Name _____ City _____
 Student is related to or knows a St. Joseph – Alumni Name _____
Alumni Address _____ Telephone _____

AMOUNT ENCLOSED

All registrants – non-refundable application fee payable to **St. Joseph School**
\$60 Per Family Re-registration
\$75 Per Family New Registration

PARENT AUTHORIZATION

Signature _____ Date: _____