

## ST. JOSEPH SCHOOL REGISTRATION FORM/NEW STUDENTS

DATE \_\_\_\_\_

STUDENT \_\_\_\_\_ BOY \_\_\_\_\_ GIRL \_\_\_\_\_ AGE \_\_\_\_\_  
LAST FIRST MIDDLE

D.O.B. \_\_\_\_\_ U.S. CITIZEN \_\_\_\_\_ COUNTRY OF BIRTH \_\_\_\_\_  
M/D/Y

HOME ADDRESS \_\_\_\_\_  
STREET CITY ZIP CODE

LANGUAGES SPOKEN AT HOME \_\_\_\_\_ PHONE # \_\_\_\_\_

STUDENT'S RELIGION \_\_\_\_\_ CHURCH ATTENDING \_\_\_\_\_

FATHER'S NAME \_\_\_\_\_ SINGLE  SEPARATED  MARRIED   
 DECEASED  REMARRIED  DIVORCED

OCCUPATION \_\_\_\_\_ RELIGION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

FATHER'S EDUCATION: HIGH SCHOOL  COLLEGE  BACHELOR'S DEGREE  ADVANCED DEGREE  OTHER

MOTHER'S NAME \_\_\_\_\_ SINGLE  SEPARATED  MARRIED   
 DECEASED  REMARRIED  DIVORCED

OCCUPATION \_\_\_\_\_ RELIGION \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

MOTHER'S EDUCATION: HIGH SCHOOL  COLLEGE  BACHELOR'S DEGREE  ADVANCED DEGREE  OTHER

GUARDIAN \_\_\_\_\_ RELATIONSHIP TO STUDENT \_\_\_\_\_

ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

STUDENT'S LEGAL ADDRESS \_\_\_\_\_

NUMBER OF CHILDREN IN FAMILY: STREET \_\_\_\_\_ BOY(S) CITY \_\_\_\_\_ GIRL(S) ZIP CODE \_\_\_\_\_ SIBLING RANK \_\_\_\_\_

PUBLIC SCHOOL DISTRICT TO WHICH CHILD BELONGS \_\_\_\_\_

PUBLIC SCHOOL WHICH STUDENT WOULD ATTEND \_\_\_\_\_

DISTRICT NUMBER \_\_\_\_\_ COUNTY \_\_\_\_\_ DATE OF ENTRY \_\_\_\_\_

ENTERING GRADE \_\_\_\_\_ TRANSFERRED FROM \_\_\_\_\_

|            | BAPTISM | FIRST COMMUNION | CONFIRMATION |
|------------|---------|-----------------|--------------|
| CHURCH     |         |                 |              |
| DATE       |         |                 |              |
| CITY/STATE |         |                 |              |

## ADDENDUM TO THE REGISTRATION FORM

Describe any tutoring or special education programs the child is receiving or has received.

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Describe any special needs of the child of which the school should be aware. (Educational, health, etc.)

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Name(s) of children in the family and name of school each attends.

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|------|--------|
| Name | School |
| Name | School |
| Name | School |
| Name | School |

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Parent / Guardian Signature

Please return completed form to:

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You will receive a phone call to arrange an interview.

School: \_\_\_\_\_

Dear Parent:

Each year the Office of Catholic Schools as well as each individual school is required to provide information to the National Catholic Education Association pertaining to the racial/ethnic demographics of our students. It is not the place of school officials to designate individuals. It is appropriate that parents designate the one category among those listed below that best describes their family background. Please assist us by providing the required information on this form.

Thank you for choosing to educate your child/children in a Catholic school in the Diocese of Victoria.

Sincerely,



John E. Quary  
Superintendent of Schools

- Asian:** identifies as having origins in Far East, Southeast Asia or Indian Sub-continent: (Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippines, Thailand, Vietnam, etc.)
- American Indian/Native American:** identifies as one of the two classifications of native Americans
- Black/African American:** identifies as black whether from the U.S., Africa or other parts of the world
- Hispanic:** identifies as of Hispanic origin
- Native Hawaiian/Other Pacific Islander:** includes native Hawaiians living anywhere in the U.S. (but not non-Hawaiian residents of Hawaii); also includes other Pacific Islands: Guam, Samoa, Fiji, Micronesia, Polynesia
- White:** Caucasian from any part of the world (including Middle East) that does not identify as one of the other groups
- Multi-racial:** person belongs to more than one racial group

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

Name(s) of children enrolled in this school:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_