

ONE PER STUDENT MUST BE FILLED OUT
TO UPDATE SCHOOL RECORDS

ST. JOSEPH SCHOOL STUDENT INFORMATION FORM

Date: _____ Grade _____

STUDENT _____
Last Name First Name Middle Name

ADDRESS _____
Street City Zip

TELEPHONE NUMBER _____

DATE OF BIRTH _____ PLACE OF BIRTH _____
Mo. Day Year

BAPTISM

FIRST COMMUNION

DATE _____

CHURCH _____

CITY _____

STATE _____

SCHOOL LAST ATTENDED _____
Name City State

.....
FATHER/GUARDIAN NAME _____
Last First Middle

ADDRESS _____ RELIGION _____

PLACE OF EMPLOYMENT _____

OCCUPATION _____

WORK PHONE NUMBER _____

CELL PHONE NUMBER _____

(OVER)

MOTHER/GUARDIAN NAME _____
Last First Middle

ADDRESS _____ RELIGION _____

PLACE OF EMPLOYMENT _____

OCCUPATION _____

WORK PHONE NUMBER _____

CELL PHONE NUMBER _____

HOME LANGUAGE _____

Child Living with Both Parents _____ Mother _____ Father _____
Split Time between Mother & Father _____ Guardian/Relationship _____

E-MAILADDRESS _____

OTHER EMAIL ADDRESSES _____

May we publish your e-mail address? YES _____ NO _____

OTHER CHILDREN IN THE FAMILY

NAME	AGE	GRADE	SCHOOL ATTENDING
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE GIVE THE FOLLOWING INFORMATION ABOUT A RELATIVE OR FRIEND NEAR THE FAMILY HOME WHERE YOUR CHILD MAY BE SENT IN CASE OF SICKNESS OR INJURY:

NAME _____ ADDRESS _____
PHONE NUMBER _____

FAMILY PHYSICIAN _____ PHONE NUMBER _____

ALL KINDERGARTENS AND ANY OTHER STUDENTS WHO ARE NEW TO THE SCHOOL MUST PRESENT THEIR BAPTISMAL RECORD – UNLESS THEY WERE BAPTIZED AT ST. JOSEPH PARISH, WAUWATOSA. PLEASE SEND TO THE SCHOOL OFFICE IN SEPTEMBER.

