

ST. JOSEPH SCHOOL STUDENT REGISTRATION FORM

A. Family Information (Please Print)

Family Last Name _____

Father's First Name _____ Last Name _____

Father's Address _____ City _____ Zip _____

Father's Home Phone _____ Work Phone _____ Cell Phone _____

Father's Religion _____ St. Joseph Parish Member ___yes ___no

If no, what parish are you a member of? _____

Mother's First Name _____ Last name _____

Mother's Address _____ City _____

Mother's Home Phone _____ Work Phone _____ Cell Phone _____

Mother's Religion _____ St. Joseph Parish Member ___yes ___no

If no, what parish are you a member of? _____

Primary FAMILY EMAIL ADDRESS: _____

Mother's email address (if different) _____

Father's email address (if different) _____

B. Student Registration Information

Student Name	Birthdate	Grade 18/19	Gender	Religion
_____	_____	_____	M/F	_____
_____	_____	_____	M/F	_____
_____	_____	_____	M/F	_____
_____	_____	_____	M/F	_____

Note: If registering a child for K4, please specify full or half day: Full Day Half Day

Race/Ethnicity ___American Indian ___Hispanic/Latino ___Asian ___Caucasian
 ___Black ___Other

School Last Attended: _____

School Address: _____

School Phone Number _____

Last date of attendance: _____

Has/have your child(ren) been subject to disciplinary action by school officials? ____Yes ____No

If yes, please explain: _____

Please indicate if your child(ren) has/have any special educational needs. Yes____ No____

Please explain _____

Does your child(ren) have an individualized education plan (IEP)? ____Yes ____No

Has/have your child(ren)ever been held back/retained? ____Yes ____No

Has/have your child(ren) ever been expelled or pending expulsion? ____Yes ____No

C. Enrollment Expectations

St. Joseph Catholic School, located at 2750 N. 122nd Street, Wauwatosa, WI 53222, hereby agrees to accept the enrollment of the above student(s) for the 2018-2019 school year. This acceptance is conditional upon the student(s) meeting the requirements and policies of St. Joseph Catholic School and further upon their adherence to the rules and regulations as stated in the St. Joseph School Family Handbook.

Registration Fee There is a \$100.00 per family non-refundable registration fee. The registration fee is prepaid tuition and is due with this registration form. Please make checks payable to St. Joseph School. Registration for K3 is \$50.00 per student which is non-refundable.

D. Contract and payment options- the final step of enrollment- will be generated as soon as we receive your registration form and fee. Please fill it out and send it back in a timely fashion. Tuition payments start in July.

E. M/WPCP Program

____My family is participating in the school choice program.

F. As parent/legal guardian, I verify that all the information on this form is true to the best of my knowledge.

Signature:_____

Date:_____

Signature:_____

Date:_____

St. Joseph Catholic School is non-discriminatory in its admissions policies and admits students of any race, color, and national or ethnic origin.

For Office use only: Date received_____ Amount paid:_____ Check number:_____