

# ST. JOSEPH SCHOOL STUDENT REGISTRATION FORM

**A. Family Information (Please Print Clearly)**

**Family/Student 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 \_\_\_\_\_ Zip \_\_\_\_\_

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. 122<sup>nd</sup> 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:\_\_\_\_\_