



# SAINT JOSEPH

CATHOLIC SCHOOL

127 N. Howes St, Fort Collins, CO 80521 Tel: 970.484-1171 Fax: 970.482.5291 Web: [gosaintjoseph.org](http://gosaintjoseph.org)

## 2018-2019 Kindergarten - 8<sup>th</sup> Grade Registration

### Student Information

Student Name \_\_\_\_\_ Grade \_\_\_\_\_ Gender M \_\_\_ F \_\_\_

Home Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Month/ Day/Year \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Child was baptized on \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_

(Date) (Church) (City, State)

Child received First Communion \_\_\_\_\_ at \_\_\_\_\_ in \_\_\_\_\_

(Date) (Church) (City, State)

Has this student ever been evaluated for special education services?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

Has your child/family ever received counseling services that the school should be made aware of?

Yes \_\_\_\_\_ No \_\_\_\_\_ Explain: \_\_\_\_\_

Does your son/daughter take any medication or have any medical concerns that might affect his/her daily function in school?

Yes \_\_\_\_\_ No \_\_\_\_\_ If so, what? \_\_\_\_\_

Is the student Hispanic?  Yes  No

Is the student Latino?  Yes  No

Student (Please Circle): Black/African American American Indian/Native Alaskan Caucasian Asian  
Native Hawaiian/Pacific Islander Two/more races

**Photograph Release:** Saint Joseph Catholic School has my permission to use my child(ren) photograph, artwork, writing or video image in the school's newsletter, website, publications, or other public outlets.

Yes \_\_\_\_\_ No \_\_\_\_\_

### Family Information

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Occupation: \_\_\_\_\_ Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_ Place of Employment: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Birthplace: \_\_\_\_\_ Birthplace: \_\_\_\_\_

Religion: \_\_\_\_\_ Religion: \_\_\_\_\_

Home Situation: (Child lives with) Father and Mother \_\_\_\_\_ Mother and Step-Father \_\_\_\_\_

Father and Step-Mother \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_

Please list brothers and sisters living at home:

Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

**Court Custodial Agreement – Needs to be on file with the school office.** (Attach the registration form)

Previous School:

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

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

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Catholic School \_\_\_\_\_ Private School: \_\_\_\_\_ Public School \_\_\_\_\_

**Religious Affiliation**

Father Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_ Please Specify \_\_\_\_\_

Mother Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_ Please Specify \_\_\_\_\_

Child Catholic \_\_\_\_\_ Non-Catholic \_\_\_\_\_ Please Specify \_\_\_\_\_

Parish Affiliation \_\_\_\_\_

How did you hear about Saint Joseph School?

**Section H: Signature**

**I HEREBY CERTIFY THAT THE INFORMATION PRESENTED ON THIS FORM, IS TRUE, ACCURATE, AND COMPLETE.**

\_\_\_\_\_  
Date \_\_\_\_\_ Name of Parent/Guardian (Please Print) \_\_\_\_\_ Signature of Parent/Guardian \_\_\_\_\_

**Mission Statement: Saint Joseph Catholic School is committed to providing an education rooted in the Gospel of Jesus Christ, Catholic teaching and academic excellence; which invites students to love God and others, to develop their unique talents and gifts and to become life-long learners.**

Office Use Only:

Non Refundable Registration Fee: Check # \_\_\_\_\_ Date# \_\_\_\_\_

Birth Certificate Received \_\_\_\_\_ Baptism Certificate Received \_\_\_\_\_

Current Immunization Record \_\_\_\_\_ Parish Affiliation Received \_\_\_\_\_