

ST. JOSEPH SCHOOL - REGISTRATION FORM - 1-8 (GOLD)

Name

First	Last	Middle
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Address

Street	City/Town	Zip
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Phone

Home	Cell
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Birth

Date	Place of Birth
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Parents

Father's Name	Place of Birth
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Mother's Name (First, Maiden)	Place of Birth
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Baptism

Date of Baptism	Church	City
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First Communion

Date	Church	City
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Religion

Student's Religion	Parent's Religion
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Parish

Yes **No**

Name of Parish	Envelopes Used
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Occupation

Father	Mother
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Transfer

School	Grade in September
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Street	City/Town	Zip
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Registration Agreement

At the time of registration, I agree to the following requirements:

- Advance tuition payment (non-refundable) - \$150.00
- Meet the tuition plan agreement
- Fulfill expectations for participation in BINGO and two fundraisers (candy and calendars)
- I hereby give permission to St. Joseph School to request records and to question school personnel in regards to my child's progress in school.

Signature of Parent or Guardian _____

Registration Fee (check ___/cash)