ST. JOSEPH SCHOOL OF RELIGION Registration Form 2022-2023

				Today's Date
Registration Fee \$ (After August 10\$4	•	,		, 0 20
MY CHILD/CHILDREN Group A French Se Group B Livingston	ttlement		lease circle o	one):
Student Information:	Grade		Male	Female
Name:(Fin	rst)	(Middle)	(Last)	
Address:				
	(Street)			
(City)		(State)	(Zip code)	
Birth Date	W	here		
(Month Da	ay Year)	(City	& State)	
Special Needs: Medical_				
Learning Disability				

(Continue on back)

Emergency Con Name			Cell
Name	Phone		Cell
Family Information	on:		
Father's Name			Religion
Home Phone		_Cell Phone)
Email			_
Mother's Name			Religion
Home Phone		_Cell Pho	ne
Email			_
Step Parent/Guardia	n Name		Religion
Home Phone		_Cell Phor	ne
Email			_
Only Students in	1st Grade & All new	Student	<u>s</u> :
Father's Baptism Dat	re	Church	
·	(Month Day Year)		(Name of Church, City & State)
Father's Confirmation	n Date (Month Day Year)	_Church_	(Name of Church, City & State)
Mother's Baptism Da	te (Month Day Year)	Church_	(Name of Church, City & State)
Mother's Confirmatio	n Date (Month Day Year)	Church	
	(INIOIIIII Day Teal)		(Name of Ondion, Oily & State)
			Office Use: Paid
			Date Receipt #

Check#
