

ST. JOSEPH CATHOLIC SCHOOL/ ANGEL DEPOT – ENROLLMENT

Student live with: _____
(Examples: Mother & Father, Father & Step-Mother, Grandparent, etc)

Name (Last, First MI)	_____	Nickname	_____
Address	_____ _____	Home Phone	_____
Date of Birth	_____	Ethnicity	_____
Gender	Male () Female ()	Grade	_____
Religion	_____	Internet Access @ home? Yes () No ()	
Previous School Attended	_____	Parent/Guardian Email	_____
Guardianship (circle one)	Mother & Father Mother Only Father Only Shared Mother & Father Other		
Father (last, first)	_____	Mother (last, first)	_____
		Mother Maiden Name	_____
If Father a SJS alumnus		If Mother a SJS alumnus	
Year of Graduation	_____	Year of Graduation	_____
Father's Day Phone	_____	Mother's Day Phone	_____
Father's Cell Phone	_____	Mother's Cell Phone	_____
Father's Home Phone	_____	Mother's Home Phone	_____
Father's Employer	_____	Mother's Employer	_____
Is Father Virtus Certified? (circle one)	yes no	Is Mother Virtus Certified? (circle one)	yes no

*****If you, your spouse or any adult or youth living in your home is listed on the National Sex Offender Public Registry, you and/or the offender are required to contact the Principal or Pastor prior to the offender being on school property, participating in school events, or the first day of school*****

Father's Mailing Address _____	Mother's Mailing Address _____
City, Zip _____	City, Zip _____
Step-Mother (last, first) _____	Step-Father (last, first) _____
Step-Mother Day Phone _____	Step-Father Day Phone _____
Step-Mother Cell Phone _____	Step-Father Cell Phone _____
Step-Mother Employer _____	Step Father Employer _____
Step-Mother Employer Phone _____	Step Father Employer Phone _____

Emergency Contact/Medical

(In case parents cannot be reached)

Contact #1 _____	Relationship _____
(last) (first)	
Phone _____ Phone Type _____	
Contact #2 _____	Relationship _____
(last) (first)	
Phone _____ Phone Type _____	
Contact #3 _____	Relationship _____
(last) (first)	
Phone _____ Phone Type _____	

Doctor _____

Phone _____

Dentist _____

Phone _____

Special Medical Considerations _____

Allergies _____

Baptism Date _____

Baptism Church _____

Baptism City _____

First Communion Date _____

First Communion Church/City _____

If you need assistance please call the office: 620-241-3913