



St. Joseph Catholic School
 119 West Fay St. • Edinburg, TX 78539
 Tel: (956) 383-3957 Fax: (956) 318-0681
 www.st-joseph-catholic-school.com

Received _____
 Age: _____
 Grade: _____

Registration Form 2018-2019

Student's Name _____ M/F _____
 (First) (Middle) (Last)

Address _____
 (Street) (City) (Zip Code)

Mailing Address _____
 (Street) (City) (Zip Code)

Ethnic Background _____ White _____ Black _____ Hispanic _____ Asian _____ American Indian

Date of Birth _____ Place of Birth _____ Social Security # _____
 (Month/day/year)

Religion _____ Registered Parish _____

Primary Telephone # _____ Home Language _____

Does your child presently have an active **IEP** (Individualized Education Plan)? Yes _____ No _____
 Has your child had any specialized test or evaluations? Yes _____ No _____

Medical Information

TB test and cleared results are required for ALL NEW STUDENTS

What physical problems should the school be aware of? _____

What precautions should the school take in regard to this condition? _____

Emergency Information

ALTERNATE EMERGENCY NAME _____ Tel. _____

FAMILY DOCTOR NAME _____ Tel. _____

PREFERRED HOSPITAL _____ Tel. _____

If you and the physician of your choice as indicated above, cannot be reached in an emergency and, if in the judgement of the school authorities, immediate medical and/or hospital attention is indicated, do you authorize the school authorities to send you're child (properly accompanied) to an available hospital or a physician?

as a parent and/or legal guardian, I authorize the treatment of my minor child/children by a qualified and licensed medical doctor in the event of a medical emergency which, in the opinion of the attending physician, may endanger his/her life, cause physical disability or undue discomfort if delayed. This consent is granted only after a reasonable effort has been made to reach me.

YES _____ NO _____

 SIGNATURE OF PARENT/LEGAL GUARDIAN

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Family Information (Please print all information.)

Father/Guardian _____
 (First) (Middle) (Last)
 Living _____ Deceased _____ Separated _____ Divorced _____ Remarried _____

Father's Place of Employment _____ (City) _____

E/mail Address _____
 Father's Business Phone _____
 Father's Cell Phone _____

.....
 Mother/Guardian _____
 (First) (Middle) (Last) (Maiden Name)

Living _____ Deceased _____ Separated _____ Divorced _____ Remarried _____

Mother's Place of Employment _____ (City) _____

E/mail Address _____
 Mother's Business Phone _____
 Mother's Cell Phone _____

Child/Children live with: _____ Father _____ Mother _____ Both _____ Other

Does other parent have legal access? _____ Yes _____ No _____ N/A

New Students

Last School Attended _____

Family Fund-raiser Commitment

St. Joseph Catholic School has two Fund-raisers a year. As parents of St. Joseph Catholic School, you commit to selling 30 Turkeyfest raffle tickets (\$300.00) and collecting Walkathon donations of \$300.00.

I understand that my obligations as a parent/guardian include attendance at parent meetings, parent-teacher conferences, participation in fund-raising, volunteering and cooperation with school rules and regulations.

 Signature of Parent/Legal Guardian

 Date

OFFICE USE ONLY

Registration Fee \$ _____ date _____
 Book Fee \$ _____ date _____
 Technology Free \$ _____ date _____
 Kinder Fee \$ _____ date _____
 8th Grade Free \$ _____ date _____

Media Release
 Baptism
 Technology Release
 Gmail

1st Communion
 Birth Certificate
 Immunizations
 TB