

St. Joseph Catholic School Registration 2017-2018

Last Name: _____

PRIMARY HOUSEHOLD INFORMATION (where student resides)

Parents are: Married Divorced Single Widowed Separated

Student Resides with: Both Parents Mother Father

(if divorced/separated please complete the secondary household section)

Parent/Guardian: _____

Parent/Guardian: _____

Employer & Occupation: _____

Employer & Occupation: _____

Please check primary phone to call:

Home () _____ - _____ Cell () _____ - _____

Please check primary phone to call:

Home () _____ - _____ Cell () _____ - _____

Work () _____ - _____

Work () _____ - _____

Email: _____

Email: _____

Mailing Address: (this will be used as the primary mailing address)

Address: _____

Public School & District Residing In: _____

City: _____

Zip Code: _____

SECONDARY HOUSEHOLD INFORMATION

Parent/Guardian: _____

Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please check primary phone to call:

Home () _____ - _____ Cell () _____ - _____ Work () _____ - _____

STUDENT INFORMATION

Child's First, Middle & Last Name	Entering Grade	Birthdate	Gender	Ethnicity (required by Iowa Law) <i>*See Coding Below</i>	Baptism Date & Parish	Eucharist Date & Parish	Reconciliation Date & Parish	Confirmation Date & Parish
			M F					
			M F					
			M F					
			M F					
			M F					

Ethnicity Codes: **HL**= Hispanic/Latino **AI**= American Indian or Alaskan native **PI**= Pacific Islander/Native Hawaiian **A**= Asian **B**=Black/African American **W**=White

New students need to provide a copy of Birth Certificate & Baptismal Certificates

(OVER)

EMERGENCY INFORMATION

In the event of an emergency, which parent should we contact first? _____

If we are unable to reach the student's parents please provide two emergency contacts:

Name: _____ Relationship to Student: _____

Phone Information: Home: _____ Cell: _____ Work: _____

Name: _____ Relationship to Student: _____

Phone Information: Home: _____ Cell: _____ Work: _____

EMERGENCY MEDICAL AUTHORIZATION

Name of Physician: _____ Phone: _____ Hospital Preference: _____

Please list any medical conditions:

I, _____, mother/father/guardian of _____, do hereby give my permission and/or consent to St. Joseph Catholic School to secure and authorize such emergency medical care and/or treatment as my child might require while under supervision of St. Joseph Catholic School. I also agree to pay all costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.

Parent/Guardian Signature: _____ **Date:** _____

MEDIA RELEASE CONSENT

St. Joseph's _____ DOES _____ DOES NOT have my permission to photograph, video/audio record my child(ren) for the use of media (radio, newspaper, TV) or web site. This consent is expressly intended to release and hold harmless St. Joseph Catholic School's personnel from liability in the case my child's photograph, image or voice is used by the news media.

Signature of Parent/Guardian: _____ **Date:** _____

CONSENT TO RELEASE FAMILY INFORMATION

Each year, St. Joseph's releases a family directory (available to St. Joseph's families) that includes student and parent names, address and phone number. Please check the following that applies:

_____ NO, Do not include or release our family information in the school directory.

_____ YES, Please include our family in the school directory.

_____ Email Option: Father Email Mother Email Other Email: _____

Signature of Parent/Guardian: _____ **Date:** _____