

Pupil _____ Sex _____
 (Last) (First) (Middle)
 Address _____ School District _____
 Home _____
 Telephone # _____ Cell Phone Mom _____ Cell Phone Dad _____
 E-Mail Address Mom _____ E-Mail Address Dad _____

This e-mail address will be used for School & Parish pertinent information.

Place of Birth _____ Date of Birth _____ Citizenship _____

Race: White _____ Black _____ American Indian/Alaskan _____ Asian _____ Hawaiian/Pacific Islander _____

Ethnicity: Hispanic or Latino _____ Non Hispanic or Latino _____

Religion _____ Language Spoken at Home _____

Parish where you are registered _____

School Presently Attending: _____ Address _____ Grade _____

BAPTISM (Certificate to be presented)	PARISH	LOCATION	DATE
PENANCE			
FIRST COMMUNION			
CONFIRMATION			

	NAME	ADDRESS	OCCUPATION	RELIGION	EDUCATION
FATHER	(First & Maiden)				() Elem. () Coll. () Sec. () Ad.
MOTHER					() Elem. () Coll. () Sec. () Ad.

Guardian

(Relationship of Guardian to Child)

Home Situation Two Parents One Parent Parents separated or divorced
 (Check all that apply) Restructured-mother/stepfather Father remarried Mother remarried
 Restructured-stepmother/father Other
 Child resides with _____

*Status	Sibling(full name)	Date of Birth	*Status	Sibling (full name)	Date of Birth

*Status - Use a check to indicate if sibling not longer resides at home)

A complete health record with immunizations, etc. must accompany registration. St. Joan of Arc admits students of any race, color, national or ethnic origin. NOTE: THIS IS A REGISTRATION. OFFICIAL ACCEPTANCE WILL FOLLOW. I/We have read all registration information and agree to fulfill all necessary requirements for enrollment of my child/children in St. Joan of Arc School.

Parent's Signature: _____

***** OFFICE USE ONLY:

Baptism Cert. _____	\$150.00 Reg. Fee Ck# _____	Health Record _____
Birth Cert. _____	Parish-Family Agreement _____	Immunization _____
B6T Bus _____	Religious Ed. Form _____	Physical _____
Textbook _____		Dental _____
Record Request form _____		