## ST. JOAN OF ARC SCHOOL

## REGISTRATION RECORD

Date			

Grades 1-8 (Please Print)

Pupil							Sex			
Address	(Last)		(First)	(Midd	,					
Home										
-			Cell Phone <b>Mom</b>							
Place of Bi	rth		Date of Birth			Citizenship				
Race: Whi	te Black/A	frican Am_	Amer Indian or A	.laskan	Asian Hawa	aiian/Pacifi	c Islander			
Ethnicity:	Non-Hispanio	or Latino _	Hispanic or L	atino	_					
Religion Language Spoken at Home										
Parish whe	re you are reg	istered								
School Pre	sently Attend	ing <u>:</u>								
BAPTISM (Certificate PARIS to be presented)			<u>H</u>	LOCAT	ION		DATE			
to be prese	incu)									
PENANCE	Ξ									
FIRST CO	MMUNION									
<b>CONFIRM</b>						1				
-	NAME		ADDRESS	(	OCCUPATION	RELIGIO	NEDUCATION OF I			
FATHER							() Elem. () Coll. () Sec. () Ad.			
IAIILK	(First & Ma	niden)					() Sec. () Au.			
							() Elem. () Coll.			
<u>MOTHER</u>							() Sec. () Ad.			
Guardian										
	ationship of Guard									
			other/stepfather () Fat		or divorced ) Mother remarried					
*Status   Sibling(full name)		ame)	Date of Birth	*Status	Sibling (full na	ıme)	Date of Birth			
Status Storing(turi flame)		anic)	Date of Birth	Status	Storing (run no	unc)	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.										
Par	ent's Signatur	·e:								
***** OFF	FICE USE ON	ILY:								
Baptism C			0 Reg. Fee Ck#		Health Re	ecord				
Birth Cert Parish-Family Agreemen			Family Agreement_		Immuniza	ition				
<del>-</del>			ous Ed. Form		Physical_					
Textbook_					Dental					
Record Re	quest form									