

ST. JOAN OF ARC SCHOOL**REGISTRATION RECORD**

Date _____

Kindergarten (Please Print Neatly)

Pupil _____ Sex _____

(Last)

(First)

(Middle)

Address _____ School District _____

E-mail (Mother) _____ E-mail (Father) _____

Telephone # _____ Cell Mom _____ Cell Dad _____

Place of Birth _____ Date of Birth _____ Citizenship _____

Religion _____ Language spoken at home _____

Race: White _____ African Am/Black _____ Am Indian/Alaskan _____ Asian _____ Hawaii/Pacific Islander _____

Ethnicity: Hispanic or Latino _____ Non Hispanic or Latino _____

Parish where you are registered _____

Pre-School attended : _____ Tel. # _____

I would prefer my child attend Kindergarten: Full Day _____ Half Day _____ Not Sure _____

BAPTISM (Certificate to be presented)	PARISH	LOCATION	DATE

	NAME	ADDRESS	OCCUPATION	RELIGION	EDUCATION
FATHER					() 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 no 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 _____