



St. Joseph Regional Academy

Registration Form 2016-2017

CHILD INFORMATION:

Last Name: _____ First Name: _____ Middle: _____

Male: ____ Female: ____ Ethnicity: _____ Religion: _____

Birth Date: _____ Place of Birth: _____
(xx/xx/xxxx) City State

Social Security Number: _____ Grade Entering: _____

Child lives with: BOTH PARENTS MOTHER FATHER Other legal Custody: (Court Papers Required)
(circle what applies)

Student's Address: _____

Baptism Date: _____ Church: _____

Location: _____ Verified: ____
(City, State)

First Eucharist Date: _____ Church: _____

Location: _____ Verified: ____
(City, State)

Public School District of Residence: _____

School last attended: _____ Grade: _____

List Schools attended:	Grade(s)	Year(s)

GRADES REPEATED: _____ REASONING: _____

DATE RECEIVED: _____
(OFFICE ONLY)

List all auxiliary services child has received (Title I, Speech Therapy, Act 89, etc...) and year(s) it was received: _____

Circle all special programs child has attended:

Learning Support Gifted Life Skills Early Intervention Remedial

Emotional Support Wrap-Around Other: _____

Has child previously been offered an Individual Education Program (IEP)?

YES NO If YES, Date/Grade: _____

Student's Primary Language: _____

Primary Language spoken at home: _____

Secondary Language spoken at home: _____

HEALTH INFORMATION:

Does your child have health insurance? YES NO

Name of Physician or Clinic: _____

Phone Number: _____

Has your child ever had surgery? YES NO If YES, date/type? _____

Does your child have allergies? YES NO If YES, type? _____

Does your child have any allergies to medications? _____

List any prescription medication child is currently taking: _____

Medical Conditions: _____

Diabetes: YES NO Epilepsy: YES NO Asthma: YES NO Heart Problems: YES NO

ORIGINAL IMMUNIZATIONS RECORDS ARE REQUIRED. SJRA will make a copy and attach to application. Date Received: _____

By signing, I (we) verify all information is accurate and complete. I (we) realize that failure to provide accurate information about my (our) child may jeopardize enrollment at St. Joseph Regional Academy. I (we) further verify that no information has been omitted.

Parent/Guardian Signature Print Name Date

Parent/Guardian Signature Print Name Date

PARENT INFORMATION:

FATHER'S INFORMATION: (CIRCLE IF APPLICABLE: STEP-PARENT LEGAL GUARDIAN)

Last Name: _____ First Name: _____

Address: _____

€ Same as student's address

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Place of Birth: _____

(City, State)

Religion: _____ Parish: _____

Occupation: _____

Employer's Name: _____

Work Address: _____

Email Address: _____

MOTHER'S INFORMATION: (CIRCLE IF APPLICABLE: STEP-PARENT LEGAL GUARDIAN)

Last Name: _____ First Name: _____

Address: _____

€ Same as student's address

Home Phone Number: _____

Work Phone Number: _____

Cell Phone Number: _____

Place of Birth: _____

(City, State)

Religion: _____ Parish: _____

Occupation: _____

Employer's Name: _____

Work Address: _____

Email Address: _____

OTHER CHILDREN THAT LIVE IN THE HOME

NAME	RELATIONSHIP TO STUDENT	BIRTHDATE

SCHOOL USE ONLY

_____ Registration accepted

_____ Registration provisionally accepted

_____ Registration denied

Principal Signature

Date