

ST. JOSEPH CATHOLIC SCHOOL, CRESTLINE
REGISTRATION AGREEMENT

Academic Year 2018-2019

Student Name _____

Parent/Guardian Information:

	MOTHER:	FATHER:
Parent Name		
Street Address		
City/State/Zip		
Phone(home)		
Phone (cell)		
Phone(work)		
Email addresses		

STUDENT INFORMATION		Male	Female	Birthdate	Grade Entering
Name(s) of Students					
1					
2					
3					
4					
Child/children live with (Circle)		Father	Mother	Both	
School Last Attended:					
Copy of Birth Certificate on File (circle)		Yes	No		
How were you introduced to our school?					
Church Affiliation:		Baptized	Yes	No	
EMERGENCY CONTACTS: (PLEASE LIST ADDITIONAL CONTACTS)					

Name:	Relationship to student:	
Home#	Work #	Cell#
Name:	Relationship to student:	
Home#	Work #	Cell#
Name:	Relationship to student:	
Home#	Work #	Cell#

Public School District in which you reside: _____

~ Students WILL NOT be released to anyone other than an authorized person unless instructions are given in writing by an authorized parent/guardian to a staff member.

~The following person(s) is/are authorized to pick up my child/children from school:

Name: _____ Relationship to student _____

Name: _____ Relationship to student _____

please complete all information and review and sign reverse side.

Copy of each child's birth certificate, social security card, and immunization record must be on file by August 1, 2018.

Please complete all information and review and sign reverse side.