



**St Joseph School Registration Form**

600 St. Joseph Pl

Wenatchee, WA 98801 (509)663-2644, FAX 509-663-8474

http://www.saintjosephcatholicsschool.org

Student Name: \_\_\_\_\_  
First Middle Last

Students Age \_\_\_\_\_ (circle one) Male/Female Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Today's Date \_\_\_\_\_ Entering Grade (circle one) P3 P4AM P4PM K 1 2 3 4 5

Religion \_\_\_\_\_ Parish \_\_\_\_\_

Student lives with (x) Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

Child's Ethnicity\* (check one)  Caucasian  Hispanic  Asian/Pacific Islander  
 African American  American Indian

\*This information is required to complete the Washington State Report (SPI P-105B) and National Catholic Education Association

Father or Guardian \_\_\_\_\_ Mother or Guardian \_\_\_\_\_  
Last First MI Last First MI

Religion: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Work Phone # \_\_\_\_\_

Parent Signature \_\_\_\_\_

FOR OFFICE USE ONLY School Days for 2016-2017 Pre3- 71 Pre-4am- 99 Pre-4K- 162 K-5- 180

- Registration Fee Paid  Promissory Note  Smart Tuition  Entered into Books
- Birth Certificate  Baptismal Certificate  2016-2017  Mid-Year School Start
- Immunization Record  Emergency Form  2017-2018 Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_
- AFA