

**St. Joseph Regional School Registration Form**  
**2022-2023 School Year**



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

Date of Birth: \_\_\_\_\_ City of Birth: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Religion: \_\_\_\_\_

(First & Maiden)

Occupation: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Student lives with: \_\_\_\_\_ both birth parents \_\_\_\_\_ birth mother & stepfather  
\_\_\_\_\_ birth father & stepmother \_\_\_\_\_ other: \_\_\_\_\_

Please indicate how you wish your mailings to be addressed:

Circle one: Mr. & Mrs. Mrs. Mr. Ms. Name(s): \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Siblings' Names and Ages: \_\_\_\_\_

Parish Affiliation: \_\_\_\_\_ Bussing District: \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Parish: \_\_\_\_\_

Date of First Communion: \_\_\_\_\_ Parish: \_\_\_\_\_

Grade Entering: \_\_\_\_\_ School Last Attended: \_\_\_\_\_

How did you learn about our school?  Family/Friend  Internet  Advertising  Other

Today's Date: \_\_\_\_\_

*Please submit this completed form along with a \$100 deposit to the school office. Thank you.*

For Office Use Only: Date Received \_\_\_\_\_ Initials of Recipient \_\_\_\_\_

**St. Joseph Regional School 2 Summit St. Batavia, NY Phone 585-343-6154 Fax 585-343-8911**