

St. Joseph Regional School Registration Form
2024-2025 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