## REGISTRATION RECORD ST. JOAN OF ARC SCHOOL Date\_\_\_\_\_ Kindergarten (**Please Print Neatly**) Pupil Sex (First) (Last) (Middle) Address\_\_\_\_\_School District\_\_\_\_ E-mail Address (Mother)\_\_\_\_\_\_E-mail address (Father)\_\_\_\_\_ This e-mail address will be used for School & Parish pertinent information. Telephone #\_\_\_\_\_Cell Phone **Mom**\_\_\_\_\_Cell Phone **Dad**\_\_\_\_\_\_ Place of Birth Date of Birth Citizenship Religion\_\_\_\_\_ Language spoken at home\_\_\_\_\_ Ethnicity: White\_\_\_ Black\_\_ Hispanic\_\_ American Indian\_\_ Asian\_\_ Hawaiian/Pacific Islander\_\_\_ Parish where you are registered \_\_\_\_\_ Pre-School attended : \_\_\_\_\_ Tel. #\_\_\_\_ I would prefer my child attend Kindergarten: Full Day \_\_\_\_\_ Half Day \_\_\_\_\_ Not Sure\_\_\_\_\_ BAPTISM (Certificate PARISH LOCATION DATE to be presented) NAME | ADDRESS | OCCUPATION RELIGIONEDUCATION ( ) Elem. ( ) Coll. FATHER () Sec. () Ad. ( ) Elem. ( ) Coll. MOTHER () Sec. () Ad. Guardian (Relationship of Guardian to Child) () Parents separated or divorced Home Situation () Two Parents () One Parent (Check all that apply) ( ) Restructured-mother/stepfather () Father remarried () Restructured-stepmother/father () Other Child resides with \*Status | Sibling (full name) \*Status | Sibling (full name) | Date of Birth Date of Birth \*Status - Use a check to indicate if sibling no longer resides at home) A complete health record with immunizations, etc. must accompany registration. St. Joan of Arc admits students of any race, color, national or ethnic origin. NOTE: THIS IS A REGISTRATION. OFFICIAL ACCEPTANCE WILL FOLLOW. I/We have read all registration information and agree to fulfill all necessary

requirements for enrollment of my child/children in St. Joan of Arc School.

Parent's Signature:_	<u> </u>	
***** OFFICE USE ONLY		
Baptism Cert	\$100.00 Reg. Fee Ck#	Health Record
Birth Cert	Parish-Family Agreement	Immunization
B6T Bus	Religious Ed. Form	Physical
Textbook		Dental