St. Joseph School
10 School Hill Rd.
Baltic, CT 06330
860 822-6141

STUDENT RE-REGISTRATION FORM _____
(School Yr)

Kindergarten – Grade 8

Student Information: Social Security Number_____

_____ _____ _____
Student Last Name First Name MI Date of Birth Home Phone

_____ _____
Address City State Zip

Grade(s) entering_____

Parent Information:

Father's Name_____

Address_____

Telephone: Home_____ Work_____

E-mail_____

Mother's Name_____

Address_____
(If different from Father)

Telephone: Home_____ Work_____

E-mail_____

Child lives with_____ Both Parents_____ Father_____ Mother_____

Other_____

Ethnic Background: (for NCEA Report)

_____African American _____Asian _____Caucasian _____Hispanic_____

_____Native American Other_____