

**ST JOSEPH SCHOOL
10 SCHOOL HILL ROAD
BAL TIC, CT 06330**

REGISTRATION FORM

NAME _____
Last name First name Middle Initial

GRADE ENTERED _____ Date _____
Month/ Day/ Year M F

ADDRESS

Street City/Town State/Zip Code

Telephone Parent's E-mail _____

PUPIL'S BIRTHPLACE _____ Date of Birth _____
City/Town State/Country M/ D/ Y

PUPIL'S RELIGION _____

FATHER _____
Last name First name Mid. Initial Religion

Address _____

City/Town State/Zip Code Telephone

Occupation Place of Employment Work Number

MOTHER _____
Last name First name Mid. Initial Religion

Address _____

City/Town State/Zip Code Telephone

Occupation Place of Employment Work Number

PUPIL LIVES WITH _____ Both Parents _____ Mother _____ Father Other _____
Relationship