

# St. Joseph Mission School – San Fidel, NM

## REGISTRATION

### SCHOOL YEAR 2024-2025

STUDENT NAME \_\_\_\_\_ AGE \_\_\_\_\_ GRADE \_\_\_\_\_

WAS THIS STUDENT ENROLLED AT ST. JOSEPH MISSION SCHOOL DURING THE PREVIOUS YEAR?

\_\_\_\_ YES \_\_\_\_ NO

NUMBER OF CHILDREN IN FAMILY \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHYSICAL ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ ALTERNATE PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_

PLACE OF BIRTH \_\_\_\_\_

BAPTISM DATE \_\_\_\_\_ CHURCH \_\_\_\_\_ LOCATION \_\_\_\_\_

CONFIRMATION DATE \_\_\_\_\_ CHURCH \_\_\_\_\_ LOCATION \_\_\_\_\_

LAST SCHOOL ATTENDED \_\_\_\_\_ LOCATION \_\_\_\_\_

GUARDIAN/FATHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

OCCUPATION \_\_\_\_\_ ST. JOSEPH SCHOOL ALUMNI \_\_\_\_ YES \_\_\_\_ NO

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

GUARDIAN/MOTHER'S NAME \_\_\_\_\_ RELIGION \_\_\_\_\_

OCCUPATION \_\_\_\_\_ ST. JOSEPH SCHOOL ALUMNI \_\_\_\_ YES \_\_\_\_ NO

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

PLEASE BRING COPIES OF YOUR CHILD'S BIRTH CERTIFICATE, BAPTISMAL CERTIFICATE, IMMUNIZATION RECORDS, SS CARD, CIB, ANY SPECIAL NEEDS, CUSTODIAL ORDERS OR COURT DOCUMENTS, AND LAST REPORT CARD WITH EVIDENCE OF PROMOTION FROM THE LAST SCHOOL ATTENDED.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_