

St. Joseph's Academy

310 McDonald Street • Lakeland, Florida 33803
863-686-6415 • www.stjoelakeland.org

REGISTRATION FORM - 2010

Date Received _____ School Year _____

Registration Amount _____

_____ Financial Form _____ Registration Fee

_____ Emergency Card _____ Parish Verification Form

_____ SMART Enrollment Form _____ Tuition Agreement

ALL INFORMATION MUST BE COMPLETED: PLEASE TYPE OR PRINT CLEARLY.

FAMILY E-MAIL: _____					<input type="checkbox"/> NEW STUDENT	<input type="checkbox"/> RETURNING STUDENT
STUDENT: (LEGAL NAME)	LAST NAME	FIRST	MIDDLE	SOC. SEC. #	GRADE	
STUDENT: (LEGAL NAME)	LAST NAME	FIRST	MIDDLE	SOC. SEC. #	GRADE	
STUDENT: (LEGAL NAME)	LAST NAME	FIRST	MIDDLE	SOC. SEC. #	GRADE	
STUDENT: (LEGAL NAME)	LAST NAME	FIRST	MIDDLE	SOC. SEC. #	GRADE	
STUDENT: (LEGAL NAME)	LAST NAME	FIRST	MIDDLE	SOC. SEC. #	GRADE	
MAILING ADDRESS			CITY	ZIP	PHONE	
U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF BIRTH	SEX	RELIGION	CHURCH OF ATTENDANCE		
U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF BIRTH	SEX	RELIGION	CHURCH OF ATTENDANCE		
U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF BIRTH	SEX	RELIGION	CHURCH OF ATTENDANCE		
U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF BIRTH	SEX	RELIGION	CHURCH OF ATTENDANCE		
U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF BIRTH	SEX	RELIGION	CHURCH OF ATTENDANCE		
FATHER'S NAME (First and Last) or Guardian <input type="checkbox"/> Mr. <input type="checkbox"/> Dr.				RELIGION		
EMPLOYER		OCCUPATION		OFFICE PHONE	CELL PHONE	
MOTHER'S NAME (First and Last) or Guardian <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.				RELIGION		
EMPLOYER		OCCUPATION		OFFICE PHONE	CELL PHONE	
RACIAL/ETHNIC GROUP (optional)		MULTI-RACIAL		STUDENT RESIDES WITH: _____ PARENT & STEP PARENT		
_____ NATIVE AMERICAN	_____ ASIAN			_____ BOTH PARENTS	_____ MOTHER	
_____ BLACK	_____ HISPANIC			_____ FATHER	_____ GUARDIAN	
_____ WHITE	_____ OTHER			NAME(S) OF GUARDIAN: _____		
Parents are <input type="checkbox"/> Married or <input type="checkbox"/> Divorced						
NAME AND ADDRESS OF NON-CUSTODIAL PARENTS:						
NAME: _____ PHONE: _____						
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____						
Should this parent receive mailings from SJA? <input type="checkbox"/> Yes <input type="checkbox"/> No						
GRANDPARENTS NAME & ADDRESS				E-MAIL:		
NEW STUDENT: PREVIOUS SCHOOL _____						
ADDRESS _____						
NAME AND YEAR OF GRADUATION OF FAMILY MEMBERS WHO HAVE GRADUATED FROM, OR ARE NOW ATTENDING ST. JOSEPH'S SCHOOL:						
I give permission for my students' address & phone number to be included in the Student Directory. Yes <input type="checkbox"/> No <input type="checkbox"/>						
May we give out your name for others in you area interested in a car pool? Yes <input type="checkbox"/> No <input type="checkbox"/>						
Upon the request of the parent or student, SJA is given permission to release academic transcripts. Yes <input type="checkbox"/> No <input type="checkbox"/>						
I agree to have my child's photo(s) and/or image(s) published. Yes <input type="checkbox"/> No <input type="checkbox"/> OVER →						

Please indicate the Sacraments received by your child(ren), where received and date:

<u>Child</u>	<u>Circle Appropriate Sacrament</u>	<u>Parish</u>	<u>Date</u>
1. _____	Baptism/First Reconciliation/First Communion	_____	_____
2. _____	Baptism/First Reconciliation/First Communion	_____	_____
3. _____	Baptism/First Reconciliation/First Communion	_____	_____
4. _____	Baptism/First Reconciliation/First Communion	_____	_____
5. _____	Baptism/First Reconciliation/First Communion	_____	_____

Are you a parishioner at St. Joseph's Parish, Lakeland?

_____ Yes _____ No, name of Parish _____

Pick up Authorization: The following individuals are authorized to pick up my children:

<u>Name</u>	<u>Address</u>	<u>Phone #</u>	<u>Relationship to child</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CONDITIONS AND TERMS OF AGREEMENT:

I (we) will obey the rules and regulations of ST. JOSEPH'S ACADEMY.

I (we) the undersigned, agree to comply with all policies per student handbook and directives from the Principal's Office while attending St. Joseph's Academy. I recognize the right of the school to exclude at any time a student whose conduct or academic standing renders undesirable his/her presence at St. Joseph's Academy. In addition, I hereby agree to abide by the policies, philosophy, rules and regulations of St. Joseph's Academy and will see that my child also abides by them. I (we) agree to sign the tuition contract and comply with all tuition policies.

I Agree to abide by the terms and conditions of the Parent Addendum of DNAUP.

Student's Signature _____ Date _____

Father / Guardian's Signature _____ Date _____

Mother / Guardian's Signature _____ Date _____