

ST. JOSEPH REGIONAL SCHOOL
20 Jefferson St.
Newton, NJ 07860
Telephone (973) 383-2909 – Fax (973) 383-6353

STUDENT INFORMATION

Name _____ **Phone No.** _____

Address (Residence) _____
Street Township Zip Code

Mailing Address _____
(if different)

Child's Social Security No. _____ **Age** _____ **M** _____ **F** _____

Date of Birth _____ **Place of Birth** _____ **Religion** _____

School Child Transferred from _____
School Name Township

Entrance Grade into St. Joseph School _____

Has your child ever been tested and/or classified by the Child Study Team? Yes _____ No _____

Have you refused to have your child tested by the Child Study Team? Yes _____ No _____

SACRAMENTS	CHURCH	LOCATION	DATE
Baptism	_____	_____	_____
Penance	_____	_____	_____
First Communion	_____	_____	_____

FAMILY INFORMATION

Father's
Name _____ Address _____

Religion _____ Occupation _____ Place of Birth _____

Mother's First and Maiden Name _____

Address (if different) _____

Religion _____ Occupation _____ Place of Birth _____

Marital Status Single _____ Married _____ Widowed _____ Separated _____ Divorced _____

Are you a registered parishioner of St. Joseph Church? Yes _____ No _____

If not, where are you registered? _____

Parents' Signatures _____

Date _____