

SCHOOL REGISTRATION FORM

Saint Joseph Catholic Church & School

1200 Cornelia Road
Anderson, SC 29621
(864) 225-5341

___ Non Parishioner

___ Parishioner



Name _____ Date of Birth _____ Place _____
Last First Middle

Address _____ City _____ State _____ Zip _____ Phone _____
Mailing Address _____ Email _____
(if different from above)

Father _____ Birthplace _____ Living ___ Separated ___ Divorced ___
First Middle Last

Education Completed _____ Occupation _____ Religion _____

Business Address _____ Business Phone _____

Mother _____ Birthplace _____ Living ___ Separated ___ Divorced ___
First Middle Last (Maiden)

Education Completed _____ Occupation _____ Religion _____

Business Address _____ Business Phone _____

Step-Parent or Guardian _____

	Name		Address	Phone
	Older	Younger		
Number of Brothers	_____	_____		
Number of Sisters	_____	_____		

Baptism: Date _____	Church _____	Place _____
Penance: Date _____	Church _____	Place _____
Communion: Date _____	Church _____	Place _____

ENTRANCE DATE TO ST. JOSEPH'S _____ GRADE _____ Previous School _____

Address _____

How long have you lived in this area? _____ Are you willing to attend all PTO & School functions? _____

If not, why? _____

Why do you want your child to attend St. Joseph Catholic School? _____

STUDENT NAME _____

I hereby certify that this application by or on behalf of the above named student does not constitute an attempt by or on the part of the student, his or her parent, or legal guardian to use attendance at St. Joseph Catholic School as a means to resist or avoid the policies of the Public School System relative to desegregation.

I hereby also certify that my child, while in attendance at Saint Joseph Catholic School, will take Religion as a subject that is part of the total curriculum, and attend religious school functions as appropriate.

Signature of Parent/Guardian

Date

I prefer to pay tuition: Monthly _____ Quarterly _____ Other (Explain) _____

Please check: _____ Registered and contributing Parishioners at St. Joseph Parish
_____ Catholic family desiring Non-Parishioner rate
_____ Non-Parishioner
_____ Parishioner at another Catholic Church _____

(Name of church)

Ethnic Background: White ___ Black ___ Hispanic ___ Asian ___ American Indian ___ Multi-Racial ___

Grandparent Information (From time to time we would like to share news and/or send invitations to grandparents.)

Names _____

Address _____

Names _____

Address _____