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ST. Joseph School, 1940 S 77th St., LINCOLN, NE 68506

Registration Form

Birth Certificate and Baptismal Certificate Required. The original document should be brought to the School Office to be witnessed

Please Print and Complete Both Sides

Date _____

Child's Name _____

Last

First

Middle

Preferred Name

Address _____

Number

Street/Avenue

Zip

Phone Number

Date of Birth _____ Gender _____ Place of Birth _____

Month/Day/Year

M/F

County

City

State

Grade Entering _____ School Year _____ Student Religion _____

FAMILY DATA: Are you registered in St. Joseph's Parish? Yes _____ No _____

Residing With (circle) Both Parents Mother Only Father Only Legal Guardian Mother & Stepfather Father & Stepmother Other _____

FATHER OR GUARDIAN

Parents Divorced: Yes _____ No _____

MOTHER OR GUARDIAN

Name _____

First

Last

Address _____

E-Mail _____

Date of Birth _____

Place of Birth _____

Religion _____

Living _____ Deceased _____

Education/Degree _____

U.S. Citizen Yes _____ No _____

Name _____

First

Maiden

Address _____

E-Mail _____

Date of Birth _____

Place of Birth _____

Religion _____

Living _____ Deceased _____

Education/Degree _____

U.S. Citizen Yes _____ No _____

STUDENT: Language 1st learned _____ Language spoken most often _____ Language spoken most at home _____

School Last Attended _____

Name

Address

Reason for Transferring _____

Others at Home (Brothers, Sisters, Grandparents, etc.)

NAME AGE RELATIONSHIP

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Is your student currently receiving special education services? (i.e., speech, resource, occupational/physical therapy, etc.) Yes _____ No _____

Any health factors you would like us to know about this child (allergies, asthma, etc.) _____

Any other significant family health factors or family data _____

Individual Race and Ethnicity Information

Student Name: _____

Part A. **Is this student Hispanic / Latino?** (Choose only one.)

No, not Hispanic / Latino

Yes, Hispanic / Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the questionnaire is about ethnicity, not race. No matter what you selected above, **please continue to answer the following** by marking one or more boxes to indicate what you consider your student's race to be.

Part B. **What is this student's race?** (Choose one or more)

American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (Including Central America), and who maintains tribal affiliation or community attachment.)

Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)

Black or African American (A person having origins in any of the black racial groups of Africa.)

Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.)