

# Student File Information

## St. Joseph's School, W. St. Paul, Mn

DATE STUDENT WILL ENTER SCHOOL\_\_\_\_\_

GRADE FOR WHICH STUDENT IS REGISTERING\_\_\_\_\_

BIRTHDAY\_\_\_\_\_

ARE YOU REGISTERED IN ST. JOSEPH'S PARISH? YES\_\_\_\_\_ NO\_\_\_\_\_

CHILD'S (LEGAL) NAME\_\_\_\_\_ F\_\_\_\_ M\_\_\_\_

ADDRESS\_\_\_\_\_

CITY\_\_\_\_\_

ZIP\_\_\_\_\_

PHONE\_\_\_\_\_

FATHER'S NAME\_\_\_\_\_

MOTHER'S NAME\_\_\_\_\_

RELIGION\_\_\_\_\_

RELIGION\_\_\_\_\_

OCCUPATION\_\_\_\_\_

OCCUPATION\_\_\_\_\_

BUSINESS NAME\_\_\_\_\_

BUSINESS NAME\_\_\_\_\_

BUSINESS PHONE\_\_\_\_\_

BUSINESS PHONE\_\_\_\_\_

DECEASED\_\_\_\_ DIVORCED\_\_\_\_

DECEASED\_\_\_\_ DIVORCED\_\_\_\_

PUPIL LIVES WITH (If other than parent)\_\_\_\_\_

PUPIL HAS \_\_\_\_\_ OLDER BROTHERS & SISTERS AND \_\_\_\_\_ YOUNGER BROTHERS & SISTERS.

(If answer is none, please write 0 in blanks.)

SPECIAL PROBLEMS OF THE PUPIL, WHICH MAY AFFECT THE CHILD'S LEARNING

\_\_\_\_\_  
SPECIAL TESTING ADMINISTERED (academic, hearing, visual, etc.)\_\_\_\_\_

BAPTISM (Date)\_\_\_\_\_

(Church)\_\_\_\_\_

FIRST COMMUNION (Date)\_\_\_\_\_

(Church)\_\_\_\_\_

CONFIRMATION (Date)\_\_\_\_\_

(Church)\_\_\_\_\_

SCHOO(S) PREVIOUSLY ATTENDED:

Grade(s)

Date

School

Address

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