



Diocese of Fort Wayne – South Bend

St. Joseph School – FAMILY Enrollment

[Please Print!]

Office Use Only - Last Name: _____

School Year _____ Returning Family _____ New Family _____ Today's date: _____

Religion: _____ Registered Parishioners at: _____

Home Address: _____ Home Phone: _____

City, State, Zip: _____

Mother's or Guardian's Information	
First Name _____	Last Name _____
<input type="checkbox"/> Living	<input type="checkbox"/> Deceased
Education (check highest level reached):	
<input type="checkbox"/> Grade School	<input type="checkbox"/> High School <input type="checkbox"/> College Courses
<input type="checkbox"/> College Degree	<input type="checkbox"/> Postgraduate
Cell Phone: _____	
E-Mail Address: _____	
Occupation: _____	
Employer: _____	
Work Phone: _____	

Father's or Guardian's Information	
First Name _____	Last Name _____
<input type="checkbox"/> Living	<input type="checkbox"/> Deceased
Education (check highest level reached):	
<input type="checkbox"/> Grade School	<input type="checkbox"/> High School <input type="checkbox"/> College Courses
<input type="checkbox"/> College Degree	<input type="checkbox"/> Postgraduate
Cell Phone: _____	
E-Mail Address: _____	
Occupation: _____	
Employer: _____	
Work Phone: _____	

List Children who will attend (St. Joseph School):

List all other children in family:

NAME	BIRTH DATE (mo/day/year)	AGE	NAME	BIRTH DATE (mo/day/year)	AGE
1			1		
2			2		
3			3		
4			4		
5			5		

Children live with: Both Parents Mother Father Stepmother Stepfather
 Other: _____

Parents' Marital Status: Married Single, never married Divorced* Separated*
 Remarried* (* copy of custody/guardianship papers required)

Is there a language other than English often spoken in the home? _____ If yes, what? _____

Does at least one parent read English? _____ If no, what language can you read? _____

Signature of Parent/Guardian: _____ Date: _____