



Diocese of Fort Wayne – South Bend

St. Joseph School – Returning Student

(Each student attending St. Joseph School must have this form on file)

Office Use Only

Last Name: _____

Student ID: _____

Baptism Certificate on file? _____

Birth Certificate on file? _____

[Please Print]

Entering Grade _____ in _____.

Student's Name: _____ Sex _____
First (Middle) Last

Date of Birth _____ City, State & Country of Birth _____

Address: _____
(Street Address)

(City, State, Zip)

Home Phone: _____

Social Security Number: _____ - _____ - _____

Medical Condition: (Allergy, Asthma, Heart Condition, etc. Please be specific):

Student's Ethnicity / Race Data - Both Questions must be answered (for statistics only):

Is this individual Hispanic / Latino? (Choose only one)

- No, not Hispanic / Latino
- Yes, Hispanic / Latino

What is the individual's race? (Choose one or more)

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

What was the first language learned by the student? _____

Does the student often speak a language other than English? _____

If yes, what? _____

Signature of Parent/Guardian: _____ Date: _____