

St. Jude Thaddeus Catholic School

Registration Form

LAST NAME OF CHILD

New Student Permanent Record

STUDENT'S FIRST NAME _____ 2020-2021 GRADE _____ GENDER _____ AGE _____ BIRTHDATE _____ CATHOLIC ☐ YES ☐ NO

RACE ☐ Asian ☐ American Indian/Alaskan Native ☐ Black/African American ☐ White ☐ Other _____

ETHNICITY ☐ Hispanic/Latino ☐ Yes ☐ No

PRIMARY RESIDENCE OF CHILD ☐ Mother & Father ☐ Mother ☐ Father ☐ Joint Custody ☐ Other _____

| CONTACT INFORMATION OF PRIMARY GUARDIAN(S) | CONTACT INFORMATION OF OTHER GUARDIAN(S) |
|--|--|
| Name: _____ | Name: _____ |
| Address: _____ | Address: _____ |
| City/Zip: _____ | City/Zip: _____ |
| Phone: _____ | Phone: _____ |
| Phone: _____ | Phone: _____ |

REQUIRED HEALTH RECORDS

☐ BIRTH CERTIFICATE ☐ IMMUNIZATION RECORD OR IMMUNIZATION WAIVER

☐ BAPTISMAL CERTIFICATE (CATHOLIC STUDENTS ONLY)

(HEALTH CONCERNS OR LEARNING DISABILITIES)



Where Faith and Knowledge Meet