

# St. Jude Thaddeus Catholic School

## Registration Form

LAST NAME OF CHILD \_\_\_\_\_

### New Student Permanent Record

STUDENT'S FIRST NAME \_\_\_\_\_ 2021-2022 GRADE \_\_\_\_\_ GENDER \_\_\_\_\_ AGE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_ CATHOLIC  
 YES  NO

#### RACE

Asian  American Indian/Alaskan Native  Black/African American  White  Other \_\_\_\_\_

ETHNICITY Hispanic/Latino  Yes  No

\*Data required for educational reports and grants.

#### PRIMARY RESIDENCE OF CHILD

Mother & Father  Mother  Father  Joint Custody  Other \_\_\_\_\_

#### CONTACT INFORMATION OF PRIMARY GUARDIAN(S)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

#### CONTACT INFORMATION OF OTHER GUARDIAN(S)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

#### REQUIRED HEALTH RECORDS

BIRTH CERTIFICATE  IMMUNIZATION RECORD

BAPTISMAL CERTIFICATE (CATHOLIC STUDENTS ONLY)

(HEALTH CONCERNS OR LEARNING DISABILITIES)

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