

St. Jude Thaddeus Catholic School

Registration Form

LAST NAME OF CHILD

New Student Permanent Record

Catholic Yes No

STUDENT'S FIRST NAME

2022-2023
GRADE

GENDER

AGE

BIRTHDAY

Race

White American Indian/Alaskan Native Black/African American Asian White

Ethnicity Hispanic/ Latino Yes No

Other _____

PRIMARY RESIDENCE OF CHILD(REN)

(Check Who Child(ren) Reside(S) With)

Mother & Father Mother Father Joint Custody Other _____

CONTACT INFORMATION OF PRIMARY GUARDIAN(S)

CONTACT INFORMATION OF OTHER GUARDIAN(S)

Name: _____

Name: _____

Address: _____

Address: _____

City and Zip: _____

City and Zip: _____

Primary Phone: _____

Primary Phone: _____

REQUIRED HEALTH RECORDS

BIRTH CERTIFICATE CURRENT IMMUNIZATION RECORD OR IMMUNIZATION WAIVER

Baptismal Certificate (Catholic students only)

EXPLAIN ANY HEALTH CONCERNS OR LEARNING DISABILITIES

