St. Jude Thaddeus Catholic School Registration Form

Race/Ethnicity: American Indian/Alaskan Native			-	· ·	
Catholic			SECONOMINATION OF THE PROPERTY		
Race/Ethnicity: American Indian/Alaskan Native	New Student Peri	manent Rec	ord		
Race/Ethnicity: American Indian/Alaskan Native			Catholic	Yes	No
American Indian/Alaskan Native	STUDENT'S FIRST NAME		GENDER	AGE	BIRTHDAY
American Indian/Alaskan Native			-		9
American Indian/Alaskan Native	D (5.1 · · ·				
Hispanic/ Latino Yes No PRIMARY RESIDENCE OF CHILD Check Who Child Resides With) Mother & Father Mother Father Joint Custody Other DNTACT INFORMATION OF PRIMARY GUARDIAN(S) Lame: Name: Address: Address: City and Zip: City and Zip: Primary Phone: Primary Phone: BIRTH CERTIFICATE CURRENT IMMUNIZATION RECORD OR IMMUNIZATION WAIVER Baptismal Certificate (Catholic students only)	_		(·	7 va/la:+-a	1 ou
PRIMARY RESIDENCE OF CHILD Check Who Child Resides With) Mother & Father	American Indian/Alaskan Native	Asian Black/A	frican American	_ vvnite	Other
Check Who Child Resides With) Mother & Father	Hispanic/ Latino Yes No)			
Mother & Father Mother Father Joint Custody Other CONTACT INFORMATION OF PRIMARY GUARDIAN(S) DAME: Name: Address: Address: Ity and Zip: City and Zip: Primary Phone: Primary Phone: BIRTH CERTIFICATE CURRENT IMMUNIZATION RECORD OR IMMUNIZATION WAIVER Baptismal Certificate (Catholic students only)					
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Primary Phone:					
REQUIRED HEALTH RECORDS BIRTH CERTIFICATE CURRENT IMMUNIZATION RECORD OR IMMUNIZATION WAIVER	City and Zip:		City and Zip:		
BIRTH CERTIFICATE CURRENT IMMUNIZATION RECORD OR IMMUNIZATION WAIVER Baptismal Certificate (Catholic students only)	Primary Phone				
BIRTH CERTIFICATE CURRENT IMMUNIZATION RECORD OR IMMUNIZATION WAIVER Baptismal Certificate (Catholic students only)			Primary Phone:		
Baptismal Certificate (Catholic students only)	REQUIRED HEALTH RECORDS				
	BIRTH CERTIFICATE	CURRENT IMMUNIZA	TION RECORD OR I	MMUNIZATIO	N WAIVER
EXPLAIN ANY HEALTH CONCERNS OR LEARNING DISABILITIES	Baptismal Certificate (Catho	olic students only)			
EXPLAIN ANY HEALTH CONCERNS OR LEARNING DISABILITIES					
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