

St. Jude Thaddeus Catholic School

Registration Form

LAST NAME OF CHILD _____

New Student Permanent Record

Catholic Yes No

STUDENT'S FIRST NAME	2024-2025 GRADE	GENDER	AGE	BIRTHDAY
_____	_____	_____	_____	_____

Race/Ethnicity:

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

Hispanic/ Latino Yes No

PRIMARY RESIDENCE OF CHILD

(Check Who Child Resides With)

Mother & Father Mother Father Joint Custody Other _____

CONTACT INFORMATION OF PRIMARY GUARDIAN(S)

Name: _____

Address: _____

City and Zip: _____

Primary Phone: _____

CONTACT INFORMATION OF OTHER GUARDIAN(S)

Name: _____

Address: _____

City and Zip: _____

Primary Phone: _____

REQUIRED HEALTH RECORDS

BIRTH CERTIFICATE CURRENT IMMUNIZATION RECORD OR AFFIDAVIT OF EXEMPTION

Baptismal Certificate (Catholic students only)

EXPLAIN ANY HEALTH CONCERNS OR LEARNING DISABILITIES

