

St. Joseph/St. Robert School
Student Application Form

PLEASE PRINT

Date _____

Child's First Name _____ Middle Name _____

Child's Last Name _____

Child's Social Security Number _____ Sex _____

Home Address _____

Home Phone _____

Mom's Work Phone _____ Dad's Work Phone _____

Mom's Cell# _____ Dad's Cell# _____

Child's Date of Birth _____

Child's Place of Birth (City and State) _____

Child's Ethnicity _____

Your Parish _____

Your School District _____

Bus Transportation Yes _____ No _____

Transferred from (school) _____

School Address _____

Grade entering in September _____

of older brothers _____ # of older sisters _____

Grade & Name of school(s) older brothers/sisters attend if other than St. Joseph/St. Robert's:

Father's Full Name _____

Father's Occupation _____ Deceased(Y or N) _____

Father's Country of Birth _____

Father's Date of Birth _____ Religion of Father _____

Father's E-mail Address _____

Mother's First Name & Maiden Name _____

Mother's Occupation _____ Deceased(Y or N) _____

Mother's Country of Birth _____

Mother's Date of Birth _____ Religion of Mother _____

Mother's E-mail Address _____

Home Situation (Check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Two biological parents | <input type="checkbox"/> One parent |
| <input type="checkbox"/> Mother/Stepfather | <input type="checkbox"/> Parents separated or divorced |
| <input type="checkbox"/> Father/Stepmother | <input type="checkbox"/> Other.. Specify |

Language spoken at home if not English _____

Parental Rights (in case of separation or divorce)

Attach copy of court order.

- | | | |
|-------------------------|--|---------------------------------------|
| Legal Custody: | <input type="checkbox"/> Joint Custody | <input type="checkbox"/> Sole Custody |
| Physical Custody | <input type="checkbox"/> Joint Custody | <input type="checkbox"/> Sole Custody |
| | <input type="checkbox"/> Mother | |
| | <input type="checkbox"/> Father | |
| | <input type="checkbox"/> Guardian | |

Adopted: Yes No

Religion of Child _____

Child's Baptismal Date _____ Church _____
City & State _____

First Penance Date _____ Church _____
City & State _____

First Communion Date _____ Church _____
City & State _____

Confirmation Date _____ Church _____
City & State _____

Please describe any special circumstances we should be aware of in teaching this child.

