

St. Joseph Catholic School – FAMILY Enrollment

Diocese of Fort Wayne – South Bend



[Please Print!]

School Year _____ Returning Family _____ New Family _____ Today's date: _____
 Religion: _____ Registered Parishioners at: _____
 Home Address: _____ Home Phone: _____
 City, State, Zip: _____

Mother's or Guardian's Information

First Name _____ Last Name _____
 Living _____ Deceased _____
 Education (check highest level reached): _____
 _____ Grade School _____ High School _____ College Courses _____
 _____ College Degree _____ Postgraduate _____
 Cell Phone: _____
 E-Mail Address: _____
 Occupation: _____
 Employer: _____
 Work Phone: _____

Father's or Guardian's Information

First Name _____ Last Name _____
 Living _____ Deceased _____
 Education (check highest level reached): _____
 _____ Grade School _____ High School _____ College Courses _____
 _____ College Degree _____ Postgraduate _____
 Cell Phone: _____
 E-Mail Address: _____
 Occupation: _____
 Employer: _____
 Work Phone: _____

List Children who will attend St. Joseph Catholic School:			List all other children in family:		
1	2	3	4	5	6
NAME	BIRTH DATE (mon/day/year)	AGE	NAME	BIRTH DATE (mon/day/year)	AGE

Children live with: _____ Both Parents _____ Mother _____ Father _____ Stepmother _____ Stepfather _____
 Other: _____

Parents' Marital Status: _____ Married _____ Single, never married _____ Divorced* _____ Separated* _____
 Remarried* (* copy of custody/guardianship papers required)

Is there a language other than English often spoken in the home? _____ If yes, what? _____

Does at least one parent read English? _____ If no, what language can you read? _____

Signature of Parent/Guardian: _____ Date: _____



Diocese of Fort Wayne - South Bend
St. Joseph Catholic School
STUDENT Enrollment 2017-2018

(Each child attending St. Joseph Catholic School must have this form on file)

[Please print!]

Entering Grade _____ in _____ (school year).
 (An interview will be required for students new to the school and enrolling in grades K - 7)

Student's Name: _____ First _____ (Middle) _____ Last _____ Sex _____

Date of Birth (Mon/Day/Year) _____
 City, State & Country of Birth _____

Address: _____
 Street Address _____
 City State Zip _____

Medical Condition (Allergy, Asthma, Heart Condition, etc. Please be specific): _____

Student's Ethnicity / Race Data - Both questions must be answered (for statistics only):

Is this individual Hispanic / Latino? (Choose only one)
 No, not Hispanic / Latino
 Yes, Hispanic / Latino

What is the individual's race? (Choose one or more)
 American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Student's Religion: _____

Baptism: _____ Date: _____ Church: _____ City: _____ State: _____

Holy Communion: _____ Date: _____ Church: _____ City: _____ State: _____

Confirmation: _____ Date: _____ Church: _____ City: _____ State: _____

School Name: _____ City: _____ State: _____

In what public school corporation does the child reside? _____

Has child ever received special or extra services (for a behavioral disability, learning disability, physical or academic impairment, communication disorder, etc.)? _____ Yes _____ No
 If yes, what services were received? _____

What was the first language learned by the student? _____

Does the student often speak a language other than English? _____ If yes, what? _____

Signature of Parent/Guardian: _____ Date: _____

Final decision on enrollment of a student rests in the discretion of the principal (in consultation with the pastor in the case of an elementary school).
 (P4020).

If applicable, admission is not determined until confirmation is received from prior Catholic school that financial obligations are current.
 (4020).

Office Use - LAST NAME: _____



Saint Joseph Catholic School
Diocese of Fort Wayne – South Bend
Emergency Information



The information below *must* be kept on file in the school office. Complete this form for each child prior to the start of the school year. PLEASE PRINT!

Parents are responsible for informing the office during the school year if changes in emergency information occur.

Name of Child _____ Grade _____

Name of Parent(s) or Legal Guardian(s) _____

Address _____

City, State, Zip _____

Who should we call if there is an emergency regarding this child, and in what order should we call them?

(This list should include parents & guardians)

Name	Relationship to Child	Phone Number(s)	Please check
1			Cell phone _____ Home _____ Work _____
2			Cell phone _____ Home _____ Work _____
3			Cell phone _____ Home _____ Work _____
4			Cell phone _____ Home _____ Work _____
5			Cell phone _____ Home _____ Work _____

CONSENT TO EMERGENCY CARE

In the event of an emergency, I request that the school make reasonable attempts to contact me at the above numbers or another parent/adult at the above listed numbers. I understand that in an emergency, difficult circumstances may prevent the school from contacting me immediately or the school may be unable to reach me. I therefore consent to the school's taking action which it deems necessary to secure emergency medical care/treatment for my child even if I have not been contacted.

I understand that decisions concerning the type of emergency medical care/treatment administered are made by health care providers and not by the school and that demanding circumstances may require the administration of emergency medical care or treatment without my prior consent. However, I have indicated below any treatment preferences I have for my child which the school may disclose to a health provider. (Check and complete any of the following)

Dr. _____ is my preferred physician.

Dr. _____ is my preferred dentist.

Receipt of my consent prior to my child's receiving major surgery, unless the medical opinions of two licensed physicians or dentists concurring in the necessity for such surgery are obtained before surgery is performed.

The school may disclose the following checked information to a health care provider:

Insurance Company: _____ Policy/Group/Claim # _____

The following information regarding allergies my child has, medication my child is taking, and other medical facts about my child: _____

I understand that in the event of an emergency, the school will make reasonable efforts to notify a health care provider of the above-checked information; but I acknowledge that I am responsible for communicating such information to the appropriate medical personnel.

Date: _____ Signature of Parent/Guardian: _____

~ Learning to Lead and Serve as Saints ~

_____ Date:

_____ Parent Signature:

_____ Parent Name:

I understand that this information might be published on the Internet and therefore published worldwide.

I hereby give Saint Joseph Catholic School permission to use, and/or copyright, personally identifiable information about the above named individual including photographs, video, name, school of attendance, athletic achievements, academic achievements, and/or art works for publication, advertising or other lawful purposes including but not limited to publication on any Saint Joseph Catholic Schools' Web page(s.)

_____ Grade:

_____ Name:

2211 Brooklyn Avenue • Fort Wayne, IN 46802
Phone 260.432.4000 • Fax 260.432.8642

Media Release Form



SAINT JOSEPH CATHOLIC SCHOOL



2211 Brooklyn Ave
Fort Wayne, IN 46802

PARENT PERMISSION FOR SCHOOL DIRECTORY

This School Directory includes family names, addresses and home phone numbers.

Please check below:

_____ I DO NOT want my phone number listed in the school

directory.

_____ I DO NOT want my address in the family directory.

Parent Signature

Date

Pastor: Fr. Evaristo Olivera
260.432.5113 Ext 339
evarto709@yahoo.com

Principal: Crisly Jordan
260.432.4000
cjordan@saintjosephfw.org

Office & Admissions: Armandina Flores
260.432.4000 Ext 328
mflores@saintjosephfw.org

Accounting: Paty Semersheim
260.432.5113 Ext 326
psemersheim@saintjosephfw.com



This form must be completed for all students new to Saint Joseph Catholic School as part of the enrollment process.

Date form completed: ____/____/____

Student's Name: First _____ Middle _____ Last _____

Current grade: _____ Current age: _____ Gender: Male Female

Grades completed in the U.S. (circle all that apply) PK K 1 2 3 4 5 6 7 8

Grades attended outside the U.S. (circle all that apply) PK K 1 2 3 4 5 6 7 8

Questions 1-3: If a language other than English is indicated for these questions, the student is considered a language minority which generates state funds for the school. Once this determination has been made, the following occurs: English proficiency

1. What is the native language of the student?

English

 Other

2. What language(s) is spoken most often by student?

English

 Other

3. What language(s) is spoken by the student at home?

English

 Other

4. In what language would the parents/guardians prefer to receive communication from (school) if possible?
 English

5. Has the student received English language support at a previous school? Yes No

6. In what country was the student born? _____

If student was born outside of the U.S., date arrived in the U.S. Month _____ Year _____

Did student attend school in other country: Yes No

If yes, please state grades attended: _____

Parent/Guardian/Sponsor: _____

Date: ____/____/____

HOME LANGUAGE SURVEY