



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 \_\_\_\_\_  
 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 \_\_\_\_\_  
 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	NAME	BIRTH DATE (mon/day/year)	1	NAME	BIRTH DATE (mon/day/year)
2			2		
3			3		
4			4		
5			5		

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 \_\_\_\_\_

City, State & Country of Birth \_\_\_\_\_

Date of Birth (Mon/Day/Year) \_\_\_\_\_

Address: \_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_

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

Students' 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)

Date: \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

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 personnel.

\_\_\_\_\_ child:

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

Insurance Company: \_\_\_\_\_ Policy/Group/Claim # \_\_\_\_\_

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

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.

Dr. \_\_\_\_\_ is my preferred dentist.

Dr. \_\_\_\_\_ is my preferred physician.

(complete any of the following)

However, I have indicated below any treatment preferences I have for my child which the school may disclose to a health provider. (Check and school and that demanding circumstances may require the administration of emergency medical care or treatment without my prior consent.

I understand that decisions concerning the type of emergency medical care/treatment administered are made by health care providers and not by the

care/treatment for my child even if I have not been contacted.

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

**CONSENT TO EMERGENCY CARE**

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 _____

(This list should include parents & guardians)

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

City, State, Zip \_\_\_\_\_

Address \_\_\_\_\_  
Home Phone \_\_\_\_\_

Name of Parent(s) or Legal Guardian(s) \_\_\_\_\_

Name of Child \_\_\_\_\_  
Grade \_\_\_\_\_

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

**PLEASE PRINT!**

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.

Office Use - LAST NAME: \_\_\_\_\_



**Emergency Information**

Saint Joseph Catholic School  
Diocese of Fort Wayne - South Bend



## School Messenger Service

Saint Joseph Catholic School uses the School Messenger service for school alerts and messages. In order for each family to utilize this service we will need current and up to date information. Please fill out the information below to "sign-up." Once your information is uploaded, you must send a text "YES" to 68453.

Name of Parents: \_\_\_\_\_

Name of Student/s: \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

Phone number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Do you prefer the notification comes to you in a: Please Circle

1. Voice message
2. Email Message
3. Text Message
4. ALL Three

Do you have an email address? YES NO

Do you have a computer in your home? YES NO

Do you have internet? YES NO

Do you have a cell phone? YES NO

Does your cell phone have internet? YES NO

Can your cell phone receive text messages? YES NO

Do you have unlimited text messaging? YES NO

SAINT JOSEPH CATHOLIC SCHOOL



PARENT PERMISSION FOR SCHOOL DIRECTORY

2111 Brooklyn Ave  
Fort Wayne, IN 46802

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 +32.5113 Ext 339  
evarts0709@yahoo.com  
Principal: Crisy Jordan  
260 +32.4000  
gjordan@santjosephiv.org  
Office & Admissions: Armandina Flores  
260 +32.4000 Ext 328  
mflores@santjosephiv.org  
Accounting: Patty Sermersheim  
260 +32.5113 Ext 326  
psermersheim@santjosephiv.com

~ 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





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

# HOME LANGUAGE SURVEY

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

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

English

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

English

**Questions 4-6:** this information is used for data collection and may help to generate additional funds to benefit students. Your answers will remain confidential and will only be used for educational purposes.

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: \_\_\_\_/\_\_\_\_/\_\_\_\_