



St. Joseph Catholic Academy 2012-2013 Family Registration Form Kindergarten through Grade 12

Upper Campus (Grades 6-12) • 2401 69th Street • Kenosha, WI • 262-654-8651 • www.kenoshajoseph.com
Lower Campus (PreK-5) • 7207 14th Avenue • Kenosha, WI • 262-656-7360

FAMILY LAST NAME:

PARENT 1 NAME: Mr. Ms. Mrs. Dr. Other

Last

First

Preferred

Home Address: _____

Street Address /City/State/Zip

Home Phone: _____ Cell Phone: _____

Work Phone: _____ St. Joseph Alum: No Yes Year Graduated: _____

Employer: _____ Occupation: _____

Parent 1 Primary E-Mail for school communication: _____

Religion: _____ Parish: _____

Stepparent name (if applicable): _____

Employer: _____ Occupation: _____

Stepparent SJ Alum: No Yes Year Graduated: _____ Receive School Mailings at this address? Yes No

PARENT 2 NAME: Mr. Ms. Mrs. Dr. Other

Last

First

Preferred

Home Address: _____

Street Address /City/State/Zip

Home Phone: _____ Cell Phone: _____

Work Phone: _____ St. Joseph Alum: No Yes Year Graduated: _____

Employer: _____ Occupation: _____

Parent 2 Primary E-Mail for school communication: _____

Religion: _____ Parish: _____

Stepparent name (if applicable): _____

Employer: _____ Occupation: _____

Stepparent SJ Alum: No Yes Year Graduated: _____ Receive School Mailings Yes No

Parent Marital Status: Married Single Divorced Separated Widowed

Student Lives With: _____

If applicable, please provide documentation regarding legal restrictions pertaining to child custody.

SCHOOL DIRECTORY:

YES NO I, and on behalf of my minor child (children) listed herein, hereby grant SJCA permission to print my child's (children's) name and grade and my address, phone, and email in the SJCA K-12 School Directory.

Parent 1 Preferred Phone: _____ Preferred Email: _____

YES NO I, and on behalf of my minor child (children) listed herein, hereby grant SJCA permission to print my child's (children's) name and grade and my address, phone, and email in the SJCA K-12 School Directory.

Parent 2 Preferred Phone: _____ Preferred Email: _____

In the case of special custody circumstances (divorce/separation), the SJCA School Directory will only include information for the parent(s) who have signed the reverse side of this form .

PLEASE Write Legibly and Complete Both Sides of the Application Form.

STUDENT INFORMATION

Complete ALL information for SJCA students in grades K-12. Attach additional sheets if necessary.

Name: _____
Last / First / Middle / Preferred
 Gender: Male Female Birth Date (mm/dd/yyyy): ___ / ___ / ___ Religion: _____
 Student lives with: Both Parents Father Mother Other: _____
 Current School and School District if other than SJCA: _____
 Ethnic background: African-American Caucasian Asian American Indian Hispanic Other
 Grade Level 2012-2013 (circle one): K 1 2 3 4 5 6 7 8 9 10 11 12
 Does this student have any special educational needs or requirements? If so, please attach information.

Name: _____
Last / First / Middle / Preferred
 Gender: Male Female Birth Date (mm/dd/yyyy): ___ / ___ / ___ Religion: _____
 Student lives with: Both Parents Father Mother Other: _____
 Current School and School District if other than SJCA: _____
 Ethnic background: African-American Caucasian Asian American Indian Hispanic Other
 Grade Level 2012-2013 (circle one): K 1 2 3 4 5 6 7 8 9 10 11 12
 Does this student have any special educational needs or requirements? If so, please attach information.

Name: _____
Last / First / Middle / Preferred
 Gender: Male Female Birth Date (mm/dd/yyyy): ___ / ___ / ___ Religion: _____
 Student lives with: Both Parents Father Mother Other: _____
 Current School and School District if other than SJCA: _____
 Ethnic background: African-American Caucasian Asian American Indian Hispanic Other
 Grade Level 2012-2013 (circle one): K 1 2 3 4 5 6 7 8 9 10 11 12
 Does this student have any special educational needs or requirements? If so, please attach information.

Please list any other children in your household, including those at SJCA Montessori Preschool.

Name: _____ Birthdate: _____ School: _____
Last / First Male Female

Name: _____ Birthdate: _____ School: _____
Last / First Male Female

Name: _____ Birthdate: _____ School: _____
Last / First Male Female

IMAGE CONSENT AND AUTHORIZATION FORM

YES NO I, and on behalf of my minor children listed herein, hereby (1) grant SJCA permission to use, adapt, reproduce, distribute, publically perform and display, in any form, me and my child's (children's) images, likenesses, and voices, names through out the world, by incorporating them into any promotional material, brochures, print advertising, print material, photo exhibits, videos, and/or any other media for commercial, informational, educational, advertising, or any other related pursues of SJCA and the Archdiocese of Milwaukee; and (2) waive any right to compensation for said uses by SJCA or the Archdiocese of Milwaukee as set forth in herein.

PARENT/GUARDIAN SIGNATURES

Parent(s)/Guardian(s): I/We agree to assume responsibility for all tuition, fees, books, and other expenses of the student(s) while attending St. Joseph Catholic Academy (SJCA). This agreement will be in effect for each trimester the student(s) is/are enrolled. I/We also give permission to SJCA to request and receive all pertinent records from my/our children's current school. On applications where only one signature of a parent/guardian is provided, SJCA will assume this parent/guardian will be solely responsible for tuition and other expenses.

Parent 1 printed name _____ Signed _____ Date _____

Parent 2 printed name _____ Signed _____ Date _____

A non-refundable registration fee(s) of \$100 per student (max \$300/family) must accompany application - *Fee fully applied towards tuition.*

Please return this form and the non-refundable registration fee to:

St. Joseph Catholic Academy • Office of Admission • 2401 69th Street • Kenosha, WI 53143

For Office Use Only

Reg. Fee Amt.: \$ _____ Cash Check Credit Date Rec'd: _____ Rec'd by: _____