

Please fill out the attached forms on the front and back.

**Items needed when the form(s) are returned:**

*-State certified birth certificate*

*-Updated shot records*

*-Baptismal certificate (if baptized)*

*-\$45.00 non-refundable registration fee*

If you have any questions, please feel free to call the school at (304)723-1970. You can also check out our website at: [weirtonstjoseph.net](http://weirtonstjoseph.net)

**STUDENT REGISTRATION FORM**  
Saint Joseph the Worker School

Name of Student \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_

County \_\_\_\_\_ Phone: \_\_\_\_\_ (Listed / Unlisted) Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Date Entered \_\_\_\_\_ Age \_\_\_\_\_ Grade Entering \_\_\_\_\_ Class of \_\_\_\_\_

From \_\_\_\_\_  
(School) (City-State-Zip)

Do you belong to **ST. JOSEPH THE WORKER PARISH?** \_\_\_\_\_ YES \_\_\_\_\_ NO

If no, what parish do you belong to?

Father (Last Name): \_\_\_\_\_ Mother (Maiden Name): \_\_\_\_\_

(First) (Middle) (First) (Middle)

_____	OCCUPATION	_____
_____	EMPLOYER	_____
_____	WORK PHONE	_____
_____	BIRTHPLACE	_____
_____	EDUCATION	_____
_____	DATE OF BIRTH	_____
_____	RELIGION	_____

MAR SEP DIV REMAR SINGLE MARTIAL STATUS MAR SEP DIV REMAR SINGLE  
Student lives with : \_\_\_\_\_ Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian

SACRAMENT	MONTH/DAY/YEAR	CHURCH/LOCATION
BAPTISM	_____	_____
1 <sup>ST</sup> RECONCILIATION	_____	_____
1 <sup>ST</sup> COMMUNION	_____	_____
CONFIRMATION	_____	_____

Children in family: Number \_\_\_\_\_ Boys \_\_\_\_\_ Girls \_\_\_\_\_ Rank \_\_\_\_\_

STUDENT'S NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

GRADE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

MISCELLANEOUS INFORMATION:

Known Allergies: \_\_\_\_\_

Known Medical Conditions and Medication (Including dosage): \_\_\_\_\_

Doctor's Name: \_\_\_\_\_

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

Dentist's Name: \_\_\_\_\_

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

Hospital Preferred: \_\_\_\_\_

EMERGENCY INFORMATION:

Father's Name: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Other Emergency Contact:

1) Name (Relationship to Child) \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

2) Name (Relationship to Child) \_\_\_\_\_

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

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

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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