

SAINT JOSEPH ACADEMY

2019– 2020 NEW STUDENTS ---Grades PreK-3 through 8

Student Name _____ **Gr. a/o 9/19** _____
(First) (Middle) (Last)

Parent Name (print) _____

Address _____ Town _____

Phone Nos. (Home) _____ (Cell) _____

E-mail address: _____

Student Record Check List

- 1) Permanent Record Information _____
- 2) Birth Certificate (**necessary to process registration**) _____
- 3) Baptismal Certificate _____ Reconciliation _____ Eucharist _____
- 4) Emergency Card Information _____
- 5) Immunization Records/Recent Physical (**necessary to process registration**) _____
- 6) Physical (Due May 15th) _____
- 7) **Current School/Town** _____
Report Cards (K-7) incl. Standardized Tests, Special Services, all pertinent information, etc.
Pre-K: Letter of Recommendation from _____ Rec'd _____
- 8) Has your child ever been tested by a Child Study Team Yes _____ No _____
Has your child ever been classified? Yes _____ No _____
If yes, please submit all pertinent results of the testing and the report of the Child
Study Team _____
- 9) Tuition Contract Signed (**necessary to process registration- Attached**) _____
- 10) Registration Fee/Info Sheet (**necessary to process registration-Attached**) _____
- 11) Extended Care *Interest* AM (7-7:45am): No ___ Yes ___ PM (3-6pm): No ___ Yes ___