SAINT JOSEPH SCHOOL

INITIAL INQUIRY/WAITING LISTING FORM

_____ _____
Date Time

_____
Parents' Names

_____
Street Address

_____
City State Zip Code

_____ _____
Home Phone Number Work Phone Number(s)

_____
Cell Phone Number

Parishioner? Yes_____ No_____ Date of Registration _____
If no – will you register? Yes No (from Rectory)
(circle one)

Students: M/F Birth Date: Grade Entering 2011-2012:

1._____

2._____

3._____

4._____

Name of School where children attend now: _____

Are you relocating? _____ When are you relocating? _____

Additional Comments:

_____

_____