



St. Joseph Regional Catholic School

40 Main Street
Salem, NH 03079
603-893-6811

Application for Enrollment

Academic Year

Grade Entering

Date:

Please print or type all information

New Family Yes No

Email

STUDENT INFORMATION

Student Name Male
Last First Middle Female

Address:
Street City/State/Zip Home Phone Number

Date of Birth Student's Religion Place of Birth
City/State/Country

Ethnic Group: Amer. Indian Asian Black Hispanic White Other

PARENT/GUARDIAN INFORMATION

Mother's Name (include maiden) Living Deceased

Place of Birth Religion
City/State/Country

Employer: Work Phone #/Ext.

Father's Name Living Deceased

Place of Birth Religion
City/State/Country

Employer: Work Phone #/Ext.

Parents' Marital Status: Married Single Widowed Divorced

If parents are separated or divorced, who has custody?

Legal Custody Mother Father Shared

Physical Custody Mother Father Shared

Documentation must be provided

Please include name, address and telephone number of non-residing parent for our records.

Name

Address:
Street City Zip Phone Number

Student's Baptism Date

Parish

City/State

Student's First Reconciliation Date

Parish

City/State

Student's First Eucharist Date

Parish

City/State

We are registered and contributing members of the following parish:

City/Town

No. of Years

Signature of Parent(s) or Legal Guardian(s) verifies the accuracy of all information

Mother

Father

Guardian(s)

For Office Use Only

Application complete upon receipt of:

Birth Certificate

Academic Records (1-8)

Baptismal Certificate (if applicable)

Teacher Recommendation (1-8)

Health Form

Results of Standardized Tests (2-8)

Custody Documents (if applicable)

Evaluation Report (IEP) (if applicable)

Other Information

Received by: