



St. Joseph Church & School

112 Edward Ave. NE • P.O. Box 400
Red Lake Falls, MN 56750-0400

Phone: (218) 253-2188

Fax: (218) 281-2195

Website: www.stjosephsrif.org

Church Email: stjosephs@gvtel.com

School Email: stjoes@gvtel.com

(PLEASE COMPLETE IN FULL)

STUDENT INFORMATION

Student's Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: Street/P.O. Box/Apt. #: _____

City: _____ State: _____ Zip: _____

Home Telephone: (____) _____ Cellular: (____) _____

Students Date of Birth: ____/____/____ Soc. Sec. #: _____

Student Gender: Male/Female Current Grade: _____ Grad Yr./This School _____

Ethnicity: [circle] Caucasian Afro-American Hispanic American Indian Asian Multi-ethnic

Student ID #: _____ Student lives with: _____

Previous School: _____

The Public School District in which you currently live: _____

AFTER SCHOOL HOURS

After school, my student goes:

- Home
- Day Care
- After School Program

Transportation Pick-up and Drop-Off:

- Same as above
 - Different Address
- _____
- _____

Storm Home:

Name: _____

Address: _____

Phone: (____) _____

PARENT INFORMATION

FATHER

Last Name: _____

First Name: _____

Day Telephone: (____) _____

Home Telephone: (____) _____

Cell Telephone: (____) _____

E-mail: _____

Employer: _____

Religion: _____

Home Address (if different from above):

MOTHER

Last Name: _____

First Name: _____

Day Telephone: (____) _____

Home Telephone: (____) _____

Cell Telephone: (____) _____

E-mail: _____

Employer: _____

Religion: _____

Home Address (if different from above):

Please complete other side

(PLEASE COMPLETE IN FULL)

GUARDIAN INFORMATION

GUARDIAN

Last Name: _____
First Name: _____
Day Telephone(____) _____
Employer: _____
Home Telephone(____) _____
Cell Telephone(____) _____
E-mail: _____
Home Address: _____

NON-CUSTODIAL PARENT

Last Name: _____
First Name: _____
Day Telephone(____) _____
Employer: _____
Home Telephone(____) _____
Cell Telephone(____) _____
E-mail: _____
Home Address: _____

STEP PARENT

Last Name: _____
First Name: _____
Day Telephone(____) _____
Employer: _____
Home Telephone(____) _____
Cell Telephone(____) _____
E-mail: _____
Home Address: _____

OTHER INFORMATION

Student/Family has Parish Membership?

Yes No

Religion: _____

Name of Parish: _____

Date of Student Baptism: _____

Place of Baptism: _____

Date of Reconciliation: _____

Place: _____

Date of First Eucharist: _____

Place: _____

Date of Confirmation: _____

Place: _____

Parent Martial Status:

- Married
- Single
- Divorced
- Separated
- Widow/Widower

CONTACTS FOR EMERGENCY

CONTACT #1

Last Name: _____
First Name: _____
Relationship: _____
Telephone:(____) _____
Type of Phone: _____

CONTACT #3

Last Name: _____
First Name: _____
Relationship: _____
Telephone:(____) _____
Type of Phone: _____

ALLERGIES: _____

SPECIAL MEDICAL CONSIDERATIONS:

CONTACT #2

Last Name: _____
First Name: _____
Relationship: _____
Telephone:(____) _____
Type of Phone: _____

DOCTOR: _____
Telephone: (____) _____

DENTIST: _____
Telephone: (____) _____

MEDICAL ALERT:

Medical Alert Expires: ___ / ___ / ___

NOTE: New students must turn in complete **IMMUNIZATON RECORDS** to the school office before the school year begins.