

St. Joseph School Enrollment Form

725 Freeman Avenue
Oakley, KS 67748
(785) 671-4451 or fax (785) 671-3919

Student's FULL Legal Name: _____ Grade: _____
(First) (Middle) (Last)

Home Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Gender: _____

Mailing Address: _____ Birth Date: _____

City: _____ State: _____ Zip: _____ Social Security #: _____

Baptized: Yes / No Name of Church: _____ Date: _____

Is Student Hispanic/Latino? No Yes
(A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

What is the student's race?

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America, including Central America, and who maintains tribal affiliation or community attachment.)
 - Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
 - Black or African American (A person having origins in any of the black racial groups of Africa.)
 - Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
 - White (A person having origins in any of the original peoples of Europe, the Middle East or North Africa.)
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Mother/Guardian: _____

Mailing Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email Address: _____

Employer: _____ Work Phone: _____

Father/Guardian: _____

Mailing Address: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Cell Phone: _____

Email Address: _____

Employer: _____ Work Phone: _____

Legal Parent/Guardian Signature: _____ Date: _____