



St. Joseph High School • 80 Willoughby Street • Brooklyn, NY 11201

tel: 718.624.3618 • fax: 718.624.2792

email: [admin@sjhsbridge.org](mailto:admin@sjhsbridge.org) • website: [stjosephhighschool.org](http://stjosephhighschool.org)

# METROCARD REGISTRATION

Registration date: \_\_\_\_\_ Start date: \_\_\_\_\_

**Please PRINT all information - -**

Student's first name: \_\_\_\_\_ Last: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_

Grade will be attending in St. Joseph H.S.: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. # \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone: \_\_\_\_\_ Birth date \_\_\_\_\_

Parent/Guardian's Cell # \_\_\_\_\_ E-mail \_\_\_\_\_

Name of current school \_\_\_\_\_

School location if not in New York: \_\_\_\_\_

Medical due: 5/30/17 Parent initials \_\_\_\_\_