



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

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REGISTRATION FORM

*Registration Date (mm/dd/yyyy) _____ *Entrance Grade _____

*Year of Graduation _____

*Student's Name _____

Preferred Name _____

Middle Name _____ *Last Name _____

*Date of Birth (mm/dd/yyyy) _____ *Student's Cell phone _____

*Student's Email _____

*Elementary/Middle School _____

FOR TRANSFER STUDENTS

*School Currently Attending _____

*NYC Public School District of Residence _____

*With whom does the student live?

- Both Parents
- Mother
- Father
- Mother and Stepfather
- Father and Stepmother
- Other (Please specify) _____

If applicable,

On weekdays, student lives with _____

On weekends, student lives with _____

REGISTRATION FORM

Was the student born outside of the United States (Please choose) No Yes

What is her country of origin? _____

Date of Immigration to the United States _____

Mother's Country of Origin _____

Father's Country of Origin _____

Language(s) spoken at home _____

Name of Sibling _____

Age _____ Grade _____

School presently attending _____

Name of Sibling _____

Age _____ Grade _____

School presently attending _____

Name of Sibling _____

Age _____ Grade _____

School presently attending _____

Ethnicity - (Please Choose)

African American

Asian American

Caucasian

Latina/Hispanic

Middle Eastern American

Multi-racial

Native American

Pacific Islander

Other _____

REGISTRATION FORM

Student's Religion _____

House of Worship _____

If student is Roman Catholic, please check the sacraments received (Select all that apply)

- Baptism
- Penance
- Eucharist
- Confirmation

*Primary Language _____

ACADEMIC INFORMATION

*Current School _____

Type of School - Please Choose

- Parochial
- Private
- Public
- International

*Current Grade-Please Choose 8 9 10 11

*Grade Applying for-Please Choose 9 10 11 12

*Year Applying For-Please Choose 2017-18 2018-19 2019-20 2020-21

Midyear entry requested Yes No

Interests (Select all the Apply)

- Art
- Music
- Drama
- Science
- Sports/Physical activities
- Reading
- Social activities
- Other _____

HOUSEHOLD INFORMATION

*Street _____

*City _____ *State _____ *Zip Code _____

*Home Phone _____ *Student's email address _____

REGISTRATION FORM

Parent/Guardian 1 _____

*Relation to Student-Please Choose

- Father Mother Stepfather Stepmother Guardian
 Other (please specify) _____

Prefix-Please Choose

- Mr. Mrs. Ms. Dr. Rev.

*First Name Middle Name _____

*Last Name _____

Place of Business _____

Occupation _____

Business Address _____

City _____ State _____ Zip Code _____

Business Phone (with area code) _____

*CellPhone _____

*Email _____

Parent/Guardian 2 _____

*Relation to Student-Please Choose

- Father Mother Stepfather Stepmother Guardian
 Other (please specify) _____

Prefix-Please Choose

- Mr. Mrs. Ms. Dr. Rev.

*First Name Middle Name _____

*Last Name _____

Place of Business _____



REGISTRATION FORM

Occupation _____

Business Address _____

City _____ State _____ Zip Code _____

Business Phone (with area code) _____

*CellPhone _____

*Email _____

*How did you first hear about us?-Please Choose

- | | | | |
|---|--|--|---------------------------------|
| <input type="checkbox"/> School Website | <input type="checkbox"/> High School Night | <input type="checkbox"/> Open House Ad | <input type="checkbox"/> Alumna |
| <input type="checkbox"/> Current Parent | <input type="checkbox"/> Friend | <input type="checkbox"/> Relative | <input type="checkbox"/> Coach |
| <input type="checkbox"/> Current School | <input type="checkbox"/> Word of Mouth | | |

EMERGENCY CONTACT INFORMATION

*Emergency Contact Name _____

*Relationship _____

*Home Phone _____ *Cell Phone _____

*Email _____

*Physician's Name _____

*Physician's Phone _____

Student has been instructed in the following medical procedure (Please explain)



REGISTRATION FORM

Student is permitted to carry medication on her person or to keep same in the School's General Office as she is considered to be responsible. She has been instructed and understands the purpose and appropriate method and frequency of its use. Yes No

Please list any medical conditions or allergies your daughter has.

CONSENT TO PHOTOGRAPH, FILM OR VIDEOTAPE STUDENT (Nonprofit Purposes, Educational, Public Service or Health Awareness)

- I hereby consent to the participation in interviews, the use of quotes, and the taking of photograph, movies or videotape of my daughter and her school related work. I also grant St. Joseph High School the right to edit, use and reuse said products for nonprofit purposes.
- I also hereby release St. Joseph High School and its agents and employees from all claims, demands, and liabilities whatsoever in connection with the above.

LOCAL FIELD TRIP PERMISSION

- I, the parent or legal guardian of the above named student, give consent and request that she participate in the following school activities described below, so long as she is a registered students at St. Joseph High School.

Local field trips, i.e Borough Hall, art exhibits, local college visits where the method of transportation is walking.

Fall Grade Level Retreat Day to the local parish facility by subway or Staten Island Ferry.

Academic Grade Level trips throughout the year by subway

Signature of Parent or Guardian _____

Date _____

REGISTRATION FORM

COMPUTER AND INTERNET POLICY Parent Acceptance of Internet and Computer Responsible Use Policy

- My daughter _____ has my permission to access St. Joseph High School's internet services. I understand that my daughter will be held accountable for all activities including but not limited to, the content of materials sent by email, news, or any other means using her account privileges. I also understand that my daughter must abide by the internet etiquette guidelines and the use of the system will be for educational purposes only.

Student Acceptance of Internet and Computer Responsible Use Policy

- I understand that I will be held accountable for all activities including but not limited to, the content of materials sent by email, news, or any other means using my account privileges. I also understand that I must abide by the internet etiquette guidelines and the use of the system will be for educational purposes only.
- I agree not to hold St. Joseph High School or any of its employees responsible for the performance of the system or the content of any material accessed through it.

Signature of Student _____

Signature of Parent or Guardian _____

Date _____

HOME COMPUTER INFORMATION

Do you have a computer at home Yes No

If yes, what kind of computer? Mac PC

Operating System (Please select) Windows XP Windows Vista Windows 7

Other (specify) _____

Mac(specify) _____

Do you have internet access at home? Yes No

**Thank you for choosing St. Joseph High School.
We look forward to seeing you in the Fall!**