

**ARCHDIOCESE OF HARTFORD  
ST. JOSEPH SCHOOL  
335 CENTER STREET  
BRISTOL, CT 06010**

**\*Non-Refundable Deposit:**

Cash: \_\_\_\_\_ Check: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

Tuition: \_\_\_\_\_

**\*Deposit will be \$125 non-refundable (\$25 new families only)  
(\$100 APPLIED TOWARD TUITION/\$25 REGISTRATION FEE)**

**NAME:** \_\_\_\_\_ **PARISH:** \_\_\_\_\_  
(Last) (First) (Middle) (Church now attending)

**GRADE ENTERING:** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**PLACE OF BIRTH** \_\_\_\_\_ **NATIONALITY** \_\_\_\_\_  
(Town) (State or County)

**DATE OF BIRTH:** \_\_\_\_\_  
(Month) (Day) (Year)

**FATHER:** \_\_\_\_\_  
(Family Name) (First) (Middle) (Religion) (Occupation)

**MOTHER:** \_\_\_\_\_  
(Family Name) (First) (Maiden) (Religion) (Occupation)  
(Please fill out both sides -over)

Pupil Lives With: Both Parents Mother Father Other \_\_\_\_\_  
(Circle One)

ADDRESS MAIL TO: \_\_\_\_\_  
(If mailing address is different than home)

BROTHER OR SISTERS ATTENDING ST. JOSEPH SCHOOL: NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_  
NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

**SCHOOLS PREVIOUSLY ATTENDED**

<u>GRADE LEVEL INCLUDING K</u>	<u>NAME OF SCHOOL</u>	<u>CITY</u>	<u>STATE</u>

**SACRAMENTS**

BAPTISM: \_\_\_\_\_  
(Church) (City and State) (Date)

FIRST COMMUNION: \_\_\_\_\_  
(Church) (City and State) (Date)

CONFIRMATION: \_\_\_\_\_  
(Church) (City and State) (Date)

COMMENTS OR OTHER INFORMATION WE SHOULD BE AWARE OF:  
\_\_\_\_\_  
\_\_\_\_\_

Please be sure all information is filled in. Thank you.