



❖ 119210 Larch Street | PO Box 6 | Stratford, WI 54484 ❖ Phone: 715-687-4145 ❖

2023-2024 STUDENT REGISTRATION FORM

PARENT 1 INFORMATION

NAME _____
LAST FIRST MIDDLE OR MAIDEN

MAILING ADDRESS _____

HOME ADDRESS (if different) _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBERS _____
HOME CELL WORK

EMAIL ADDRESS _____

RELIGION _____ MEMBER OF _____ PARISH

OCCUPATION _____ WORKPLACE _____

PARENT 2 INFORMATION

NAME _____
LAST FIRST MIDDLE OR MAIDEN

MAILING ADDRESS _____

HOME ADDRESS (if different) _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBERS _____
HOME CELL WORK

EMAIL ADDRESS _____

RELIGION _____ MEMBER OF _____ PARISH

OCCUPATION _____ WORKPLACE _____

Children reside with: Both Parents ____ Father ____ Mother ____ Other _____

As a condition of enrollment, a copy of that portion of the divorce decree that indicates who has primary placement and the custody agreement must be on file in the school office.

-----MISSION STATEMENT-----

We, the family of St. Joseph, are committed to educating God's children by promoting Catholic values through academic excellence and service to others.



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PLEASE LIST ALL CHILDREN IN YOUR FAMILY (Grade school age and under)

FIRST NAME	MIDDLE NAME	LAST NAME	AGE	RACE/ ETHNICITY	GRADE FOR 2023- 2024

PLEASE FILL IN FOLLOWING INFORMATION FOR NEW STUDENTS TO OUR SCHOOL

NAME	BIRTH DATE	BIRTH PLACE	BAPTISM DATE	PARISH

EMERGENCY CONTACTS: (Must list at least one)

NAME: _____ RELATION: _____ PHONE: _____

NAME: _____ RELATION: _____ PHONE: _____

AFTERSCHOOL CARE PROVIDER _____
NAME ADDRESS & PHONE

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