



A NATIONAL BLUE RIBBON SCHOOL

# SAINT JOSEPH SCHOOL

305 Elm Street  
Oradell, NJ 07649  
201-261-2388  
sjsusa.org

|                          |
|--------------------------|
| Registration Grade _____ |
| Registration Date _____  |

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|                   |            |             |
|-------------------|------------|-------------|
| Student Last Name | First Name | Middle Name |
|-------------------|------------|-------------|

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|                            |          |      |       |
|----------------------------|----------|------|-------|
| Date of Birth<br>MO/DAY/YR | Hospital | City | State |
|----------------------------|----------|------|-------|

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|                      |         |      |       |     |
|----------------------|---------|------|-------|-----|
| School Last Attended | Address | City | State | Zip |
|----------------------|---------|------|-------|-----|

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Reason For Leaving

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|                      |      |                               |
|----------------------|------|-------------------------------|
| Parish You Belong To | City | Envelope Number or Parish Pay |
|----------------------|------|-------------------------------|

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|                   |                 |                         |
|-------------------|-----------------|-------------------------|
| Church of Baptism | Date of Baptism | City Location of Church |
|-------------------|-----------------|-------------------------|

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|                         |                       |                         |
|-------------------------|-----------------------|-------------------------|
| Church of First Penance | Date of First Penance | City Location of Church |
|-------------------------|-----------------------|-------------------------|

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|                           |            |             |
|---------------------------|------------|-------------|
| Father/Guardian Last Name | First Name | Middle Name |
|---------------------------|------------|-------------|

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|            |          |                   |
|------------|----------|-------------------|
| Occupation | Employer | Daytime Telephone |
|------------|----------|-------------------|

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|                           |            |             |
|---------------------------|------------|-------------|
| Mother/Guardian Last Name | First Name | Middle Name |
|---------------------------|------------|-------------|

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|            |          |                   |
|------------|----------|-------------------|
| Occupation | Employer | Daytime Telephone |
|------------|----------|-------------------|

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|                        |           |          |                  |
|------------------------|-----------|----------|------------------|
| Present Family Address | City/Town | Zip Code | Telephone Number |
|------------------------|-----------|----------|------------------|

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Family/Home E-mail Address



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Circle If Applicable: Parents are                      Separated                      Divorced                      Widowed

Please List Siblings and Grade/School:

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Medical History: Does your child have any medical condition/allergy that would impact the regular classroom environment?      Please Circle      Yes                      No

If you answered yes, please explain: \_\_\_\_\_

Is English your child's primary language?      Yes      No

If you answered no, please state primary language: \_\_\_\_\_

### Cultural Heritage For Census Purposes Only

- Pacific Islander
- American Indian/Native Alaskan
- Black/African American
- Hispanic Ethnicity and \_\_\_\_\_ Race
- Asian
- White
- Two or More Races