





## RELIGION

Religion

Church Affiliation

Father: \_\_\_\_\_

Mother: \_\_\_\_\_

Step-parent/Guardian: \_\_\_\_\_

Church student attends: \_\_\_\_\_

## SACRAMENTS

(Catholics only)

Sacrament

Date

Church/Location

Baptism: \_\_\_\_\_

Holy Communion: \_\_\_\_\_

## MEDICAL HISTORY

Is the applicant currently taking any medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, what kind? \_\_\_\_\_

Why? \_\_\_\_\_

Duration of prescription? \_\_\_\_\_

Are there any side effects? \_\_\_\_\_

Are there any health problems, allergies or concerns we should know? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, explain) \_\_\_\_\_

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## Educational History

List all previous schools child has attended and years of attendance. Please list complete address for the school most recently attended.

School	Address	Years of Attendance

Has child been tested for an educational difficulty? Yes \_\_\_\_\_ No \_\_\_\_\_

Has student ever had to repeat a grade? \_\_\_\_\_ Which grade? \_\_\_\_\_

Has student ever skipped a grade? \_\_\_\_\_ Which grade? \_\_\_\_\_

Has student ever been identified as having a learning difficulty or attention deficit? \_\_\_\_\_

Was a diagnosis made? \_\_\_\_\_

Has student ever been suspended, expelled, or asked to withdraw for any reasons? \_\_\_\_\_

If yes, please provide details.

Are all balances paid in full at previous schools? \_\_\_\_\_

Today's Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

Please include your child's birth certificate, baptismal certificate, complete immunization record and custody papers with this application. A processing fee of \$25.00 will be due at the time of registration. A screening fee of \$25.00 will be due on the screening/testing date for Kindergarten and incoming graders.

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## Mailing Information

Please complete the information below as you would like it to appear on all school correspondence mailed to you.

Circle correct title (only one)

Dr.                      Mrs.                      Mr. & Mrs.                      Drs.                      Other \_\_\_\_\_  
Mr.                      Ms.                      Dr. & Mrs.                      Mr. & Dr.

Please print

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

### PLEASE FILL OUT THE BOTTOM HALF

The following information is required by the Office of Schools in Wheeling, WV.

Indicate your ethnic group and religious affiliation by placing an -X- in the appropriate space.

#### Enrollment by Ethnic Group

	Catholic	Non-Catholic
American Indian/Native Alaskan		
Asian		
African American		
Hispanic		
Native Hawaiian/Pacific Islander		
White		
Multi-Racial		

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## St. Joseph Catholic School Enrollment Contract

Family Name: \_\_\_\_\_

Date: \_\_\_\_\_

I hereby understand that my child/children,

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ have/has been accepted at St. Joseph Catholic School on a one year probationary basis beginning: \_\_\_\_\_

Students may be dismissed for breach of contract for the following, but not limited to, reasons;

- Inappropriate behavior
- Violence
- Unacceptable grades
- Parental conflict
- Failure to maintain financial commitment
- Religious
- Other

Parent/guardian signature: \_\_\_\_\_

Date: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

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## Student Pick-Up Form

The following people have my permission to pick-up my child/children at anytime during the school day or at dismissal during the 2014-2015 school year without prior written or oral authorization:

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Family Name

### Authorized to Pick-Up

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

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Parent's Signature

Date

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## St. Joseph Catholic School Emergency Medical Authorization

Student Name

Student Address

Home Telephone

Insurance Name

Insurance Policy Number

In case of accident or series illness, I request the school to contact me. In the event attempts are unsuccessful, I hereby give consent for (1) the administration of any treatment deemed necessary by Dr. \_\_\_\_\_ (preferred physician and telephone #) or Dr. \_\_\_\_\_ (preferred dentist and telephone #), or in the event the designated preferred practitioner is not available, by another licensed physician or dentist; and to transfer the child to \_\_\_\_\_ (preferred hospital) or any hospital reasonably accessible.

This authorization does not include surgery unless the medical opinions of two other licensed physicians or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning child's medical history including, but not limited to allergies, medications being taken, and physical impairments to which a physician should be alerted.

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Date

Signature of Parent/Guardian

### Part II (refusal to consent)

I DO NOT give consent for emergency treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school authorities to take no action or to:

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Date

Signature of Parent/Guardian



**St. Joseph Catholic School  
Emergency Medical Authorization - Continued**

School Year: \_\_\_\_\_

Student: \_\_\_\_\_ Grade: \_\_\_\_\_  
Last First Middle

Birth Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_

**Mother/Guardian:** \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_

Cell Phone/Pager #: \_\_\_\_\_

**Father/Guardian:** \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street City State Zip

Place of Employment: \_\_\_\_\_

Business Address: \_\_\_\_\_

Cell Phone/Pager #: \_\_\_\_\_

List three other people who are authorized to pick up your child if you cannot be reached:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

**It is the parent's responsibility to inform the office of any changes**





## In Lieu of Transportation Form

Dear Parents,

In Cabell County, for those students who live more than two (2) miles from school by the nearest available road or path, and are transported by car, the parents may receive an "In Lieu of Transportation" check. In Lieu of Transportation reports are due in the Treasurer's Office one time a year, no more than seven (7) days after the student's last day of school. A check will be issued no later than June 30 for the entire year.

**If you are interested and reside in West Virginia, please complete the form below**

Parent's Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Name of Child/Children

1. \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

2. \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

3. \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

4. \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

5. \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

6. \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

I am interested in the In Lieu of Transportation benefit: \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

**This form is for St. Joseph Catholic School students only. If you have a High School student, you must fill out a form at the High School also.**



Student Last Name: \_\_\_\_\_ Student First Name: \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

It is required that all St. Joseph Catholic School Parents review the following topics on [www.stjosephgs.org](http://www.stjosephgs.org). Once read, sign this form and return to the school office as soon as possible.

**Parental Consent for use of Student Artwork, Writing or Photo**

I understand that my child's artwork, writing, class photo and/or other photos may be considered for publication on the Internet or in school promotional materials. The following guidelines will be followed regarding the use of this material:

- \*No personal information about the student, such as last name, home address or telephone number will be published.
- \*All student work and/or photos will appear with a copyright notice prohibiting the copying of students work and/or photos without express written permission.
- \*If anyone should request such permission, those requests will be forwarded to the child and their parents/guardian.
- \*The copyright of the work will still belong to the student.
- \* A copy of all student work that is published will be printed and sent home for the parents to see.

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

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**Student Handbook and Internet Acceptable Use Policy**

I have read and discussed the Student Handbook and the Internet Acceptable Use Policy of St. Joseph Catholic School with my student. I understand that the rules and regulations detailed in the Student Handbook are designed to assist in the educational process, and are guidelines regarding student policy and procedures. Access to technology is designed for education endeavors and I will not hold St. Joseph Catholic School responsible for materials acquired on the Internet. I give permission for my student to use the Internet at the school.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Permission for Student Directory**

I give my permission to have my address, email and phone number in a student directory that will be available via logging on to "mystudentsprogress" account.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_



St. Joseph Catholic School  
westvirginia.mystudentsprogress.com Form 2015-2016

My Student Progress will provide parents and students with pertinent information, student grades, assignments due, etc.

Student's First Name	
Student's Middle Name	
Student's Last Name	
Birthdate	
Gender	
Grade	
Address	
City	
State	
Zip Code	
Home Phone #	

Internal Use Only:
DEMOGRAPHICS: _____
STUDENT INFO: _____

Parent 1 First Name	
Parent 1 Last Name	
Parent 1 Relationship	
Parent 1 Address	
Parent 1 City	
Parent 1 State	
Parent 1 Zip Code	
Parent 1 Home Phone #	
Parent 1 Cell Phone #	
Parent 1 Email	
Parent 1 Employer	
Parent 1 Work Phone #	

Parent 2 First Name	
Parent 2 Last Name	
Parent 2 Relationship	
Parent 2 Address	
Parent 2 City	
Parent 2 State	
Parent 2 Zip Code	
Parent 2 Home Phone #	
Parent 2 Cell Phone #	
Parent 2 Email	
Parent 2 Employer	
Parent 2 Work Phone #	