

SAINT JOSEPH'S COLLEGE ENROLLMENT FORM
(RETURN TO SAINT JOSEPH'S COLLEGE TO BE PROPERLY ENROLLED)

Your Name: _____ **Attended Saint Joseph's College in the past?** Yes No

ID # _____ SSN: _____ Today's Date: _____

Previous Names Used: _____ Date of Birth: (month/day/year): _____

State of Residence: _____ Are you a U.S. Citizen: Yes No

State County of Residence: _____ Resident Country (if not U.S.) _____

Housing: Resident Commuting Campus P.O. Box #: _____

Fill in as many addresses as appropriate (use same as #1, 2, 3 etc... for duplicate addresses.)

#1. Home Address:

City: _____

State: _____ Zip: _____

Home Phone: (____) _____

Cell Phone: (____) _____

#3. Biological/Adoptive Father Living Deceased

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: (____) _____

Cell Phone: (____) _____

#5. Step-Parent(s) or Guardian(s):

Name: _____

Relationship: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: (____) _____

Cell Phone: (____) _____

#2. **OFF** Campus Address (if different from #1)

Home Phone: (____) _____

Cell Phone: (____) _____

#4. Biological/Adoptive Mother Living Deceased

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: (____) _____

Cell Phone: (____) _____

#6. Other:

Name: _____

Relationship: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: (____) _____

Cell Phone: (____) _____

(OVER)

Demographic information for Statistical Purposes:

Sex: Male Female

Religion: _____

Marital Status: Single Married Are you a veteran? Yes No

Spouse Name: _____

Are you, or a parent employed by the College full-time? Yes No

Are you of Spanish/Hispanic origin (Cuban, Mexican, Puerto Rican, South or Central American or other Spanish Culture/origin)?
 YES NO

Please select the racial/ethnic group(s) you identify with regardless of your answer to the above question (you may select more than one):

- ___ American Indian/Alaska Native
- ___ Asian
- ___ Black/African American
- ___ Native Hawaiian/Other Pacific Islander
- ___ White
- ___ Choose not to answer

CLASS: **Please check ONLY one class** (the one that is most appropriate):

Full-Time

- 13 Freshman
- 14 Sophomore
- 15 Junior
- 16 Senior

Part-Time

- 20 Part-Time Degree Seeking
- 21 Part-Time Non-Degree
- 22 Second Bachelors Degree
- 28 Education Certification
- 29 Transition to Teaching
- 50 Audit

Summer Music

- 24 Working toward Masters
- 26 Music Certificate
- 27 Litg Diploma

Nursing

- 32 Non-Clinical Nurse
- 33 1st Year Nurse RN/BSN
- 34 2nd Year Nurse RN/BSN
- 35 3rd Year Nurse RN/BSN
- 36 4th Year Nurse RN/BSN
- 37 2nd degree Nurse RN/BSN
- 39 BSN Completion Program

Major: _____

Minor: _____

2nd Major: _____

2nd Minor: _____

EMERGENCY INFORMATION:

Work Addresses of persons who reside at your home address (#1):

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Employer: _____

Employer: _____

City/State: _____

City/State: _____

Work Phone: (____) _____

Work Phone: (____) _____

Other people to contact in case of emergency:

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Phone: (____) _____

Phone: (____) _____

FOR REGISTRAR'S USE ONLY

Demo

Enrolled

Student's Signature