

SACRAMENTAL INFORMATION

*****NOTE*****

If sacramental information is **NOT** on file at either:

- St. John Neumann,
 - St. Joseph,
 - St. Mary, or
 - St. William,
- then the verification of the sacrament must be provided.

BAPTISM	_____	Date	Church	City	State
RECONCILIATION	_____	Date	Church	City	State
EUCCHARIST	_____	Date	Church	City	State

Please list the name/s of ALL children living at home, in order of age (oldest first), REGARDLESS of whether or not they attend Waukesha Catholic.

	<u>NAME</u>	<u>DATE OF BIRTH</u>	<u>GRADE ENTERING</u>	<u>CAMPUS/SCHOOL</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

One email address where official school communication may be sent: _____

May we release your name, address, email and phone number to Waukesha Catholic parents only? YES NO

Why would you like your child/ren in the Waukesha Catholic School System? _____

Is there any additional information you would like to share? _____

<p>PARISH MEMBERSHIP:</p> <p>___ St. John Neumann</p> <p>___ St. Joseph</p> <p>___ St. Mary</p> <p>___ St. William</p> <p>Other: _____</p>	<p>Responsible party for tuition payment: _____</p> <hr/> <p>REGISTRATION FEE:</p> <p>One Child \$80</p> <p>Two Children \$130</p> <p>Three or More \$155</p>	<p><input type="checkbox"/> We would like to apply for Tuition Assistance as explained on the Financial Information sheet. Please send us the Application Forms.</p>
<p>OFFICE USE ONLY:</p> <p>DATE _____</p> <p>TIME _____</p>	<p>AMOUNT \$ _____</p> <p>CHECK # _____</p>	<p>CAMPUS: J M W</p> <p>_____ Birth Verification</p> <p>REFUNDS: Amount \$ _____</p> <p> Date _____ Check# _____</p>

The Waukesha Catholic School System is non-discriminatory in its admission policies and admits students of any race, color, and national or ethnic origin.