

**WAUKESHA CATHOLIC SCHOOL SYSTEM
NEW STUDENT REGISTRATION
2012-13**

GRADE ENTERING

Please circle your choice:

K4: 3 day or 5 day K5: Extended day or Full day

CAMPUS:

St. Mary Elementary

St. William Elementary

St. Joseph Middle School

KINDERGARTEN* & NEW STUDENTS **MUST** SHOW AN ORIGINAL OF THE CHILD'S BIRTH CERTIFICATE

(*State Law mandates that a Kindergarten-5 child must be 5 years old by September 1, 2012)

STUDENT INFORMATION

NAME: _____ FEMALE
LAST FIRST MIDDLE

MALE

NAME CHILD GOES BY: _____

ADDRESS: _____

CITY: _____ ZIP: _____

PHONE WITH AREA CODE: _____

CHILD LIVES WITH: ___ BOTH PARENTS

___ FATHER ___ MOTHER
 ___ FATHER & STEPMOTHER ___ MOTHER & STEPFATHER
 ___ GUARDIAN _____

BIRTHDATE: ___/___/___
Month Day Year

BIRTHPLACE: CITY _____ STATE _____

RACE/ETHNICITY: ___ AMERICAN INDIAN ___ HISPANIC/LATINO ___ ASIAN
 ___ WHITE ___ BLACK ___ OTHER _____

SCHOOL STUDENT LAST ATTENDED: _____

SCHOOL ADDRESS: _____

SCHOOL PHONE #: _____

***** IF STUDENT IS TRANSFERRING FROM ANOTHER SCHOOL PLEASE ATTACH A COPY OF LATEST REPORT CARD FOR STUDENT. *****

DOES THE STUDENT HAVE ANY SPECIAL EDUCATIONAL NEEDS? No

IF YES, PLEASE EXPLAIN: _____ Yes

PARENT/GUARDIAN INFORMATION

FATHER/GUARDIAN

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE with area code: _____

PAGER/CELLULAR #: _____

EMAIL ADDRESS: _____

RELIGION: _____

OCCUPATION: _____

PLACE OF WORK: _____

WORK PHONE with area code: _____

MOTHER/GUARDIAN

NAME: _____ MAIDEN: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE with area code: _____

PAGER/CELLULAR #: _____

EMAIL ADDRESS: _____

RELIGION: _____

OCCUPATION: _____

PLACE OF WORK: _____

WORK PHONE with area code: _____

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 (for listing in the Family Directory)? 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: ___ St. John Neumann ___ St. Joseph ___ St. Mary ___ St. William Other: _____</p>	<p>Responsible party for tuition payment: _____</p> <p>REGISTRATION FEE: Fees must accompany registration form. One Child \$80 Fee is refundable ONLY if Two Children \$130 Waukesha Catholic cannot place your child Three or More \$155</p>	<p><u>Tuition Assistance</u></p> <p><input type="checkbox"/> We would like to apply for Tuition Assistance. Please send us the Application Forms.</p>
<p>OFFICE DATE _____ AMOUNT \$ _____ <u>CAMPUS</u> J M W REFUNDS: Amount \$ _____</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.