

STUDENT SERVICES

Is your student in special education or currently being evaluated Yes / No

Does your student have an Individualized Education Plan (IEP or a 504 Plan?)
Yes / No

Has your student ever been held back/retained? Yes / No

Has your student ever been expelled or pending expulsion? Yes/No
If yes, from which school? _____**HOME LANGUAGE SURVEY**

Is a language other than English spoken in the home on a regular basis? Yes / No

If yes, what language? _____

Does the student use this language on a regular basis? Yes / No

Is the student currently receiving "English Learning" (ELL) services? Yes No

In what language would you like written communication from the school?
English Spanish**HEALTH HISTORY**

Does your child have any health conditions? Yes / No

If yes, please list/describe your student's medical conditions: _____
_____Medications currently taken? (please list) _____

Will your student require these medications during the school day? Yes / No

SACRAMENTS

Baptism _____

Date Church City State

First Reconciliation _____

Date Church City State

First Eucharist _____

Date Church City State

***** Please bring in the original birth certificate and any sacramental certificates when submitting this form (these will be returned to you) *******PARISH MEMBERSHIP:** St. John Neumann____ St. Joseph____ St. Mary____ St. William____ Other _____**PLEASE LIST ALL OTHER CHILDREN IN THE HOUSEHOLD AGES 0-20**

Name	Gender	Date of Birth	Grade Entering	Campus/School
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____

As parent/legal guardian, I verify that all the information on this form is true to the best of my knowledge.

Signature: _____ Date _____

Signature: _____ Date _____

Tuition Information

Responsible party for tuition payment _____

I am applying for tuition assistance Yes / No

I am applying for the Wisconsin Parental Choice Program Yes / No

I plan to send my child to Waukesha Catholic regardless of my receipt of tuition assistance or a seat through WPCP Yes / No

A \$100 tuition deposit per family is due with this form. This deposit is refundable ONLY if Waukesha Catholic cannot place your child.

OFFICE : Date _____ Amount \$ _____ Campus J M W