



**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? \_\_\_\_\_

**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

**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

**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