Waukesha Catholic New Student/Family Registration 2021-2022

PLEASE PRINT

STUDENT INFORMATION

LEGAL NAME: _____ GENDER: Male Female

LAST FIRST MIDDLE

BIRTHDATE _____/_____/_____

ADDRESS: _____ CITY / ZIP: _____

LIVES AT: ☐ HOUSEHOLD 1 ☐ HOUSEHOLD 2 ☐ BOTH WAUKESHA RESIDENT Yes / No If no, list school district _____

ETHNICITY - Check One: ☐ Hispanic / Latino ☐ Not Hispanic / Latino

RACE - Check all applicable: ☐ White ☐ Black/African American ☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian/Other Pacific Islander

GRADE ENTERING_____ (*State Law mandares that a K5 child must be 5 years old by September 1st)

If entering K3, please circle section preference **M/W/F T/TH/F No Preference**

If entering K4, please circle section preference **1/2 days Full days**

Will you require busing? (If eligible) Yes / No / Unsure

HOUSEHOLD 1

Address: _____

STREET CITY STATE ZIP

Home Phone: _____

Parent/guardian 1 _____ Relationship _____

LAST FIRST MI

Parent/guardian 2 _____ Relationship _____

LAST FIRST MI

Mother's Maiden Name_____

Parent/guardian 1 Parent/guardian 2

Email Address _____/_____

Work Phone _____/_____

Cell Phone _____/_____

Occupation _____/_____

Employer _____/_____

Religion _____/_____

HOUSEHOLD 2 (Only if different than household 1)

Address: _____

STREET CITY STATE ZIP

Home Phone: _____

Parent/guardian 1 _____ Relationship _____

LAST FIRST MI

Parent/guardian 2 _____ Relationship _____

LAST FIRST MI

Mother's Maiden Name_____

Parent/guardian 1 Parent/guardian 2

Email Address _____/_____

Work Phone _____/_____

Cell Phone _____/_____

Occupation _____/_____

Employer _____/_____

Religion _____/_____

Last School Attended: _____ School Address/Phone: _____

Last Day of Attendance: _____

Has your student ever been enrolled at WC before Yes / No If yes, what year(s) and/or grade(s):_____

STUDENT SERVICES

Is your student in special education or currently being evaluated? Yes / No
Does your student have an 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 student 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 **Student's Religion** _____

Baptism _____
Date Church City State
First Reconciliation _____
Date Church City State
First Eucharist _____
Date Church City State

PARISH MEMBERSHIP: St. John Neumann _____ St. Joseph _____ St. Mary _____ St. William _____ Other _____

***** Please bring in the original birth certificate and any sacramental certificates when submitting this form (these will be returned to you). *****

PLEASE LIST ALL OTHER CHILDREN IN THE HOUSEHOLD AGES 0-13

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

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

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 _____

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_____ Rec. by_____ Ck #_____ Amount Rcd. _____ Business Ofc. _____ Admissions_____