

Waukesha Catholic New Student/Family Registration 2017-2018

Grade Entering _____ (*State Law mandates that a K5 child must be 5 years old by September 1st)

If entering K3, please add section preference

M/W/F T/TH/F

If entering K4, please add section preference

1/2 days Full days

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

STUDENT INFORMATION

LEGAL NAME: _____
LAST FIRST MIDDLE

GENDER: Male Female

BIRTHDATE: ____/____/____

CITY / ZIP _____

ADDRESS: _____

LIVES AT: HOUSEHOLD 1 HOUSEHOLD 2 BOTH

WAUKESHA RESIDENT Yes / No If no, district _____

ETHNICITY: Hispanic/Latino? Yes / No

RACE: White Black/African American Asian American Indian or Alaska Native Native Hawaiian/Other Pacific Islander

HOUSEHOLD 1

Address: _____
STREET CITY STATE ZIP

Home Phone: _____

Parent/guardian 1 _____ Relationship _____
LAST FIRST MIDDLE

Parent/guardian 2 _____ Relationship _____
LAST FIRST MIDDLE 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 MIDDLE

Parent/guardian 2 _____ Relationship _____
LAST FIRST MIDDLE 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: _____
Street City Zip Phone

Last Day of Attendance: _____

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

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