

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

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 LIST ALL OTHER CHILDREN IN THE HOUSEHOLD AGES 0-20

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

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

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 _____ Rec. by _____ Ck # _____ Amount Rcd _____ Business Ofc _____ Admissions _____