

# Waukesha Catholic New Student/Family Application 2024-2025



## STUDENT INFORMATION

PLEASE PRINT

LEGAL NAME: \_\_\_\_\_

GENDER: Male Female

LAST FIRST MIDDLE

BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

CITY / ZIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

LIVES AT:  HOUSEHOLD 1  HOUSEHOLD 2  BOTH

WAUKESHA RESIDENT Yes / No If no, list school district \_\_\_\_\_

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

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

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

GRADE ENTERING \_\_\_\_\_ (\*State Law mandates that a K5 child must be 5 years old by September 1)

If entering **K3-3 mornings** per week, please circle section preference **M/W/F** **T/TH/F** **No Preference** **OR**  I would like **5 mornings** per week for my K3 student

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

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 _____	
<u>Parent/guardian 1</u>	<u>Parent/guardian 2</u>
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 _____	
<u>Parent/guardian 1</u>	<u>Parent/guardian 2</u>
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? \_\_\_\_\_

**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

**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**

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: \_\_\_\_\_ Received by \_\_\_\_\_ Check # \_\_\_\_\_ Amount Received \_\_\_\_\_ Business Office \_\_\_\_\_ Admissions \_\_\_\_\_