Waukesha Catholic New Student/Family Application 2024-2025 Waukesha STUDENT INFORMATION Catholic SCHOOL 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 Hispanic / Latino Not Hispanic / Latino Will you require busing? (If eligible) O Yes O No O Unsure ETHNICITY - Check One: Black/African American RACE - Check all applicable: White American Indian or Alaska Native Native Hawaiian/Other Pacific Islander Asian **GRADE ENTERING** (*State Law mandates that a K5 child must be 5 years old by September 1) I would like **K3-5 mornings** per week for my K3 student No Preference OR If entering K3-3 mornings per week, please circle section preference M/W/F T/TH/F I would like to use Wrap Care for 3 days per week I would like to use Wrap Care for 5 days per week If entering K4, please circle section preference Half days Full days **HOUSEHOLD 1** HOUSEHOLD 2 (Only if different than household 1) Address: Address: STREET CITY STREET CITY STATE ZIP STATE 7ID Home Phone: Home Phone: Parent/guardian 1 _____ Parent/guardian 1 _____ Relationship Relationship FIRST FIRST LAST LAST MI Parent/guardian 2 _Relationship Parent/guardian 2 _____ Relationship FIRST FIRST м LAST м LAST Mother's Maiden Name Mother's Maiden Name Parent/guardian 1 Parent/guardian 2 Parent/guardian 1 Parent/guardian 2 Email Address / Email Address / Work Phone / Work Phone / Cell Phone / Cell Phone / Occupation / Occupation / Employer_____ / Employer / Religion ______ / 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					HOME LANGUAGE SURVEY					
Is your student in special education or currently being evaluated? Yes / No					Is a language other than English spoken in the home on a regular basis? Yes / No					
Does your student have an IEP or a 504 Plan? Yes / No					If yes, what language?					
Has your student ever been held back/retained? Yes / No					Does the student use this language on a regular basis? Yes / No					
Has your student ever been expelled or pending expulsion? Yes / No					Is the student currently receiving "English Learning" (ELL) services? Yes / No					
If yes, from which school?					In what language would you like written communication from the school?					
							English	Spanish 🗌		
HEALTH HISTORY					SACRAMENTS Student's Religion					
Does your student have any health conditions? Yes / No					Baptism					
If yes, please list/describe your student's medical conditions:					Date	2	Church	City	State	
					First Reconciliatio	on				
Medications currently taken? (pl	lease list)					Date	Church	City	State	
					First Eucharist					
Will your student require these	medications during the	school day? Y	'es / No			Date	Church	City	State	
PARISH MEMBERSHIP: St. Johr	n Neumann	St. Joseph	St. Mar	rv	St. William	า	Other			
	ng in the original birth								***	
PLEASE LIST ALL OTHER CHILDRE	N IN THE HOUSEHOLD	AGES 0-13								
Name		Gender	Date of Birth		Grade Entering	Carr	ipus / School			
1										
2										
3										
4										
4										
Tuition Information										
Responsible party for tuition pay	/ment									
I am applying for tuition assistar	nce Yes / No									
I am applying for the Wisconsin	Parental Choice Progra	m Yes/No								
I plan to send my child to Wauke	-			nce or a	a seat through WP(СР	Yes / No			
						-	,			
As parent/legal guardian, I verify	that all the informatio	on on this form	is true to the bes	t of my	knowledge.					
Signature: Date				Signature:		Date				
A \$100 tuition deposit per famil	y is due with this form.	This deposit is	s refundable ONL	Y if Wau	ıkesha Catholic car	nnot plac	e your child.			
	-	-				-	-			
OFFICE: Date:	Received by	Check	# A	mount	Received		Business Office	Admissions		