

Waukesha Catholic New Student/Family Application 2024-2025



PLEASE PRINT

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, 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 **K3-5 mornings** per week for my K3 student

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

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): _____

