

NEW FAMILY REGISTRATION

2018-2019

OFFICE USE ONLY	
Received Date	_____
Check #	_____
Check Amount	_____
Voucher	<input type="checkbox"/> Yes <input type="checkbox"/> No

A non-refundable Tuition Deposit of \$100.00 per child (\$200.00 per family) is due at the time of registration. I/We hereby promise that I/we will pay the tuition established by the School Board for the education of my/our child(ren) in a timely manner. Parents agree that they and their child/ren will abide by the policies and procedures that may be adopted from time to time by the archdiocese or the school, particularly those set forth in the school's handbook.

STUDENT NAME	
LAST	FIRST MIDDLE NAME
Name child goes by / Nickname:	Check One: <input type="checkbox"/> CATHOLIC <input type="checkbox"/> NON-CATHOLIC
GRADE FOR 2018-2019 SCHOOL YEAR <input type="checkbox"/> K3 AM <input type="checkbox"/> K3 PM <input type="checkbox"/> K3 Full Day <input type="checkbox"/> K4 AM <input type="checkbox"/> K4 Full Day <input type="checkbox"/> K5 Full Day <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> Kettle Moraine Community Partner for K4 <input type="checkbox"/> Mukwonago Community Partner for K4	
BIRTHDATE ____/____/____ AGE AS OF Sept 1 st _____ BIRTHPLACE _____	Check One: <i>(optional)</i> <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-racial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (please specify) _____

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AGE AS OF Sept 1 st _____	
BIRTHPLACE _____	

SIBLINGS		
Name:	Birth date:	School Attending:

FAMILY INFORMATION

FATHER/Step/Guardian Name:	
Street Address:	
City, State, Zip:	
Home Telephone Number:	
Employer:	
Emergency Work Number:	
Cell Phone or Beeper:	
Shift/Working Hours:	
Check One:	<input type="checkbox"/> CATHOLIC <input type="checkbox"/> NON-CATHOLIC

MOTHER/Step/Guardian Name:	
Mother's Maiden Name:	
Street Address: <small>(if different)</small>	
City, State, Zip:	
Home Telephone Number:	
Cell Phone or Beeper:	
Employer:	
Emergency Work Number:	
Shift/Working Hours:	
Check One:	<input type="checkbox"/> CATHOLIC <input type="checkbox"/> NON-CATHOLIC

Family email address: _____

We are committed to a Catholic Education and plan to have our child/ren graduate from St. Paul School, providing educational needs are met.

Yes No

Student(s) lives with:

Both Parents Father/Step/Guardian Mother/Step/Guardian

School Last Attended: _____

Address: _____

City: _____ State & Zip: _____

Phone: _____

Parents, please contact your child's most recently attended school to request transferring student records to St. Paul School.

We are in the _____ School District.

We are registered members of St. Paul's Parish:

Yes No Planning to join please contact me for more information:

_____ (Name and Number)

We are members of _____ Parish.

Has your child received: (include date/where)	Child 1	Child 2	Child 3
Baptism			
1 st Communion (Eucharist)			
Reconciliation			
Confirmation			

FOR OFFICE USE ONLY	
Date Received:	
Amount Paid/Check #:	
Baptismal Certificates on File:	