## St. Mary Parish School New Student/Family Application 2025-2026

## STUDENT INFORMATION LEGAL NAME: GENDER: Male Female FIRST MIDDLE BIRTHDATE \_\_\_\_\_/\_\_\_\_/ CITY/ZIP: ADDRESS: LIVES AT: HOUSEHOLD 1 HOUSEHOLD 2 BOTH Will you require busing? (If eligible) Ores Ono Ounsure ETHNICITY - Check One: Hispanic / Latino Not Hispanic / Latino ☐ Black/African American ☐ Asian RACE - Check all applicable: White 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 please circle section preference Half Day: 3 Days (T,W,TH) Half Day: 5 Days (M-F) Full Day: 5 Days (M-F) If entering K4, please circle section preference 1/2 days Full days **HOUSEHOLD 1 HOUSEHOLD 2 (Only if different than household 1)** Address: \_\_\_\_\_ Address: STREET CITY STREET CITY STATE STATE ZIP Home Phone: Home Phone: Parent/guardian 1 \_\_\_\_\_ Parent/guardian 1 Parent/guardian 2 \_\_\_\_\_ Parent/guardian 2 \_\_\_\_\_ Relationship Mother's Maiden Name Mother's Maiden Name Parent/guardian 1 Parent/guardian 1 Parent/guardian 2 Parent/guardian 2 Email Address / Email Address \_\_\_\_\_ / Work Phone / Work Phone /

ST. MARY

Last School Attended: \_\_\_\_\_ School Address/Phone: \_\_\_\_\_

Last Day of Attendance:

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?	
	☐ 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 Church City State
	First Reconciliation
Medications currently taken? (please list)	Date Church City State
	First Eucharist
Will your student require these medications during the school day? Yes / No	Date Church City State
PARISH MEMBERSHIP: St. Mary St. Anthony Good Shepherd	St lames Other
	al certificates when submitting this form (these will be returned to you). ***
Please bring in the original birth certificate and any sacrament	ai 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	
	<del></del>
3	<del></del>
4	<del></del>
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 am applying for the Special Needs Scholarship Program (SNSP)  Yes / No	
I plan to send my child to St. Mary Parish School regardless of my receipt of tuition assistance or a seat through WPCP or SNSP Yes/No	
As parent/legal guardian, I verify that all the information on this form is true to the bes	t of my knowledge.
Signature: Date	Signature: Date
A \$250 tuition deposit per family is due with this form. This deposit is refundable ONLY if St. Mary Parish School cannot place your child.	
OFFICE: Date: Received by Check # Amount Received	