

New Student Enrollment Form

SECTION ONE: PARENT, GUARDIAN or OTHER ADULT INFORMATION A

<hr/>	<hr/>	<hr/>
Last Name	First Name	M.I.
<hr/>		<hr/>
Address	City	Zip Code
<hr/>		
Home Phone	Cell Phone	email address
<hr/>		
Employer	Work Phone	Occupation
<hr/>		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single		
Relationship to student(s): (check one) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian		
<input type="checkbox"/> Other _____		
Language spoken in home: (check one) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> English & Spanish <input type="checkbox"/> Other: _____		
Religion: Check one: <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic Parish/Church/Place of Worship: _____		

PARENT, GUARDIAN or OTHER ADULT INFORMATION B

<hr/>	<hr/>	<hr/>
Last Name	First Name	M.I.
<hr/>		<hr/>
Address (if different than address above)	City	Zip Code
<hr/>		
Home Phone	Cell Phone	email address
<hr/>		
Employer	Work Phone	Occupation
<hr/>		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single		
Relationship to student(s): (check one) <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Grandparent <input type="checkbox"/> Step-Father <input type="checkbox"/> Step-Mother <input type="checkbox"/> Guardian		
<input type="checkbox"/> Other _____		
Language spoken in home: (check one) <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> English & Spanish <input type="checkbox"/> Other: _____		
Religion: Check one: <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic Parish/Church/Place of Worship: _____		

SECTION TWO: STUDENT INFORMATION

<hr/>				
#1 Student Name:	<hr/>	<hr/>	<hr/>	<hr/>
	Last	First	Middle	Birthdate
	Gender			
<hr/>				
School Applying to: <input type="checkbox"/> John Paul II <input type="checkbox"/> St. Lucy <input type="checkbox"/> St. Rita <input type="checkbox"/> Our Lady of Grace <input type="checkbox"/> St. Joseph <input type="checkbox"/> St. Catherine's				
<hr/>				
Grade Apply: _____ Previous School: _____				
<hr/>				
Student lives with: (check all that apply) <input type="checkbox"/> Both Parents <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other: _____				
<hr/>				
Religion: Check one: <input type="checkbox"/> Catholic <input type="checkbox"/> Non-Catholic Parish/Church/Place of Worship: _____				
<hr/>				
Ethnicity: (check all that apply) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic or Latino				
<input type="checkbox"/> Multi-racial <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White (Non-Hispanic Origin)				
<hr/>				
(check all that apply) <input type="checkbox"/> has an IEP, ISP or 504 Plan <input type="checkbox"/> received Title 1 services <input type="checkbox"/> been in a gifted/talented program				
<input type="checkbox"/> been suspended or expelled <input type="checkbox"/> has special physical or medical needs				

SECTION TWO CONTINUED:

#2 Student Name _____
Last First Middle Birthdate Gender
School Applying to: John Paul II St. Lucy St. Rita Our Lady of Grace St. Joseph St. Catherine's
Grade Apply: _____ Previous School: _____
Student lives with: (check all that apply) Both Parents Father Mother Other: _____
Religion: Check one: Catholic Non-Catholic Parish/Church/Place of Worship: _____
Ethnicity: (check all that apply) American Indian or Alaska Native Asian Black Hispanic or Latino
 Multi-racial Native Hawaiian or Other Pacific Islander White (Non-Hispanic Origin)
(check all that apply) has an IEP, ISP or 504 Plan received Title 1 services been in a gifted/talented program
 been suspended or expelled has special physical or medical needs

#3 Student Name: _____
Last First Middle Birthdate Gender
School Applying to: John Paul II St. Lucy St. Rita Our Lady of Grace St. Joseph St. Catherine's
Grade Apply: _____ Previous School: _____
Student lives with: (check all that apply) Both Parents Father Mother Other: _____
Religion: Check one: Catholic Non-Catholic Parish/Church/Place of Worship: _____
Ethnicity: (check all that apply) American Indian or Alaska Native Asian Black Hispanic or Latino
 Multi-racial Native Hawaiian or Other Pacific Islander White (Non-Hispanic Origin)
(check all that apply) has an IEP, ISP or 504 Plan received Title 1 services been in a gifted/talented program
 been suspended or expelled has special physical or medical needs

SECTION THREE: ENROLLMENT DEPOSIT

Each family must submit a \$50/child or \$100/family non-refundable tuition deposit. This fee will be credited toward 2018-19 tuition upon acceptance. The fee is not refunded if the family chooses with withdraw the application. The enrollment fee is waived for any family that is eligible for the Racine Parental Choice Program.

Families interested in financial aid must submit the enrollment form and fee before applying for assistance. Families should return all registration forms and fees together to any school office or to our central office at:

**Siena Catholic Schools
1200 Park Ave.
Racine, WI 53403**

SECTION FOUR: AGREEMENT

We, the undersigned, certify that the information provided in this enrollment application is accurate and complete. Siena Catholic Schools retains the right to cancel enrollment at any time if this application contains false or misleading information. Upon admission, we agree to cooperate and assist with the promoting the integrity and high spiritual, moral and academic standards set forth by Siena Catholic Schools. We acknowledge that Siena Catholic Schools reserves the right to cancel enrollment at any time.

Parent Signature _____ Date _____

Office Use Only:
Date Received: _____ Authorized Initials: _____ Check #: _____ Amount: \$ _____
Birth Certificate: _____ Baptismal Certificate: _____ Acceptance LTR: _____