

New Student Registration Form

Demographic Information

Student's Full Name (Last, First, M.I.): _____

Date of Birth (m/d/y): _____ Grade (For Upcoming School Year): _____

Gender: Female Male

Ethnicity: Hispanic/Latino Non-Hispanic/Latino

Race: Native American Asian African American Caucasian Hispanic

Biracial: _____

Language(s) Spoken at Home: _____

Did your child receive special education services at a previous school? Yes No

Sacrament Information

Baptism (provide certificate): Yes No Date (m/d/y): _____ Church: _____

First Communion: Yes No Date (m/d/y): _____ Church: _____

Reconciliation: Yes No Date (m/d/y): _____ Church: _____

Health Information

Allergies (If yes, please list): Yes No

Emergency Information

Primary Care Physician: _____ Phone: _____

Emergency Contact (Non-parent): _____ Phone: _____

Emergency Contact (Non-parent): _____ Phone: _____

In case of a serious accident or illness, I hereby authorize St. Patrick's Catholic School to administer first aid and seek medical attention as deemed necessary.

Parent Signature: _____ Date: _____

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Father's Information:

Name (Last, First): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Occupation: _____ Employer Name: _____

Work Phone: _____

Mother's Information:

Name (Last, First): _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Occupation: _____ Employer Name: _____

Work Phone: _____

Marriage Status: Married Separated Divorced Single

**If parents are divorced/separated, St. Patrick's Catholic School must have a copy of the custody agreement on file according to La Crosse Diocesan policy. **

Parish Tuition Rate: To receive the parishioner tuition rate, you must be a registered member of St. Patrick Church (Sparta) or St. John's Church (Summit Ridge).

Yes, I am a parishioner. Parish: St. Patrick, Sparta St. John's, Summit Ridge

No, I am not a parishioner.