

ST. MARY CATHOLIC SCHOOL—Mayville, WI

2024-2025

3K, 4K, 5K, First, Second & Third Grade Registration Form*

Family Name: _____ Date: _____

Students registering in grades 3K - Gr. 3 for the 2024-2025 school year at St. Mary's: (Please use LEGAL names.) **Students must be 3 years old for 3K, 4 years old for 4K and 5 years old for 5K by 9/1/24 to enter school.** You must provide verification of birth date (birth certificate) with your registration. **3K students are expected to be toilet trained.** *Registration will not be accepted from families with outstanding tuition balances unless an approved payment plan is in place.

Table with 7 columns: Legal Last Name, Legal First Name, MI, Gender, Birthdate, Place of Birth, Grade. It contains five empty rows for data entry.

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Father's Name: _____
(Last) (First) (Middle)

Religion: _____
Parish: _____
School District: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
E-Mail: _____

Address: _____

City/State/Zip: _____

Place of Employment: _____
(Name) (City)

Occupation: _____

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Mother's Name: _____
(Last) (First) (Middle)

Religion: _____
Parish: _____
School District: _____
Home Phone: _____
Cell Phone: _____
Work Phone: _____
E-Mail: _____

Address: _____
(if different from father)

City/State/Zip: _____

Place of Employment: _____
(Name) (City)

Occupation: _____

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Marital status: ___Married ___Divorced ___Separated ___Not Married

If divorced, separated or not married, who has custody of child(ren)?

___ Father ___ Mother ___ Joint ___ Other

(A copy of child custody or placement agreement must be attached if not already on file)

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If a current St. Mary's family has referred you to our school, please indicate that family here: _____

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Parent Signature: _____

(Please remember to complete the reverse side.)

Please list other children under age 8 in family who are not attending St. Mary School: (List oldest first)

Last Name	First Name	Middle	Sex	Date of Birth

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Please complete the following information or write N/A for Not Applicable:

School Transferring From: _____ School District: _____

City/State/Zip: _____

Baptismal Information:

Child's Name	Date	Church/Parish	City/State

Sacrament of Reconciliation Information:

Child's Name	Date	Church/Parish	City/State

First Holy Communion Information:

Child's Name	Date	Church/Parish	City/State

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Registration: Registration is due by April 2, 2024. This is very important so that the school can determine staffing and supplies for the upcoming year.

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FOR OFFICE USE ONLY:

Date Registration Form Received: _____ Received by: _____

Notes: _____
