

2025-2026 ST. MARY CATHOLIC SCHOOL—Mayville, WI
3K, 4K, 5K, 1st, 2nd, 3rd & 4th Grade Registration Form*

Family Name: _____ Date: _____

Participating in Wisconsin Parental School Choice Program

Students registering in grades 3K - Gr. 4 for the 2025-2026 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 9/1/25 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.*

Legal Last Name	Legal First Name	MI	Gender	Birthdate	Place of Birth	Grade	If 3K – Session Code

3K SESSION CODES: (B) M-F 8:00-2:40 (C) M-F 8:00-11:00 (D) M/W/F 8:00-2:40 (E) M/W/F 8:00-11:00

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

Religion: _____
 Parish: _____
 School District: _____
 Home Phone: _____
 Cell Phone: _____
 Work Phone: _____

Address: _____

City/State/Zip: _____

Place of Employment: _____
 (Name) (City)

E-Mail: _____
 Occupation: _____

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

Religion: _____
 Parish: _____
 School District: _____
 Home Phone: _____
 Cell Phone: _____
 Work Phone: _____

Address: _____

City/State/Zip: _____

Place of Employment: _____
 (Name) (City)

E-Mail: _____
 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 March 31, 2025. 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: _____
