



OFFICE USE ONLY

Received Date _____
 Check # _____
 Check Amount _____
 Voucher Yes No

2012-2013
NEW FAMILY REGISTRATION

St. Paul School

S38 W31602 Hwy D, Genesee Depot, WI 53127

Phone: (262) 968-3175 Fax: (262) 968-5546

A non-refundable Tuition Deposit of \$100.00 per child (\$200.00 per family) is due at the time of registration.

STUDENT NAME	STUDENT WILL BE ENTERING GRADE _____ FOR 2012/13 SCHOOL YEAR
LAST	FIRST MIDDLE NAME
Name child goes by / Nickname:	Check One: <input type="checkbox"/> CATHOLIC <input type="checkbox"/> NON-CATHOLIC
BIRTHDATE _____/_____/_____	Check One: (optional) <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-racial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (please specify) _____
AGE AS OF 9/1/2012 _____	
BIRTHPLACE _____	

STUDENT NAME	STUDENT WILL BE ENTERING GRADE _____ FOR 2012/13 SCHOOL YEAR
LAST	FIRST MIDDLE NAME
Name child goes by / Nickname:	Check One: <input type="checkbox"/> CATHOLIC <input type="checkbox"/> NON-CATHOLIC
BIRTHDATE _____/_____/_____	Check One: (optional) <input type="checkbox"/> American Indian/Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Multi-racial <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other (please specify) _____
AGE AS OF 9/1/2012 _____	
BIRTHPLACE _____	

STUDENT NAME		STUDENT WILL BE ENTERING GRADE _____ FOR 2012/13 SCHOOL YEAR	
LAST		FIRST	MIDDLE NAME
Name child goes by / Nickname:		Check One: <input type="checkbox"/> CATHOLIC <input type="checkbox"/> NON-CATHOLIC	
BIRTHDATE	____/____/____	Check One: <i>(optional)</i>	
AGE AS OF 9/1/2012	_____	<input type="checkbox"/> American Indian/Native Alaskan	
BIRTHPLACE	_____	<input type="checkbox"/> Asian	
		<input type="checkbox"/> Black/African American	
		<input type="checkbox"/> Hispanic	
		<input type="checkbox"/> Multi-racial	
		<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
		<input type="checkbox"/> White	
		<input type="checkbox"/> Other (please specify) _____	

STUDENT NAME		STUDENT WILL BE ENTERING GRADE _____ FOR 2012/13 SCHOOL YEAR	
LAST		FIRST	MIDDLE NAME
Name child goes by / Nickname:		Check One: <input type="checkbox"/> CATHOLIC <input type="checkbox"/> NON-CATHOLIC	
BIRTHDATE	____/____/____	Check One: <i>(optional)</i>	
AGE AS OF 9/1/2012	_____	<input type="checkbox"/> American Indian/Native Alaskan	
BIRTHPLACE	_____	<input type="checkbox"/> Asian	
		<input type="checkbox"/> Black/African American	
		<input type="checkbox"/> Hispanic	
		<input type="checkbox"/> Multi-racial	
		<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	
		<input type="checkbox"/> White	
		<input type="checkbox"/> Other (please specify) _____	

SIBLINGS		
Name:	Birth date:	School Attending:

FAMILY INFORMATION

FATHER/Step/Guardian Name:	
Street Address:	
City, State, Zip:	
Home Telephone Number:	
Employer:	
Emergency Work Number:	
Cell Phone or Beeper:	
Shift/Working Hours:	
Check One:	<input type="checkbox"/> CATHOLIC <input type="checkbox"/> NON-CATHOLIC

MOTHER/Step/Guardian Name:	
Mother's Maiden Name:	
Street Address: <small>(if different)</small>	
City, State, Zip:	
Home Telephone Number:	
Cell Phone or Beeper:	
Employer:	
Emergency Work Number:	
Shift/Working Hours:	
Check One:	<input type="checkbox"/> CATHOLIC <input type="checkbox"/> NON-CATHOLIC

Family email address: _____

We are committed to a Catholic Education and plan to have our child/ren graduate from St. Paul School, providing educational needs are met.

Yes No

Student(s) lives with:

Both Parents Father/Step/Guardian Mother/Step/Guardian

School Last Attended: _____

Address: _____

City: _____ State & Zip: _____

Phone: _____

Parents, please contact your child's most recently attended school to request transferring student records to St. Paul School.

We are in the _____ School District.

We are registered members of St. Paul's Parish:

Yes No

Has your child received: (include date/where)	Child 1	Child 2	Child 3
Baptism			
1 st Communion (Eucharist)			
Reconciliation			
Confirmation			

FOR OFFICE USE ONLY	
Date Received:	
Amount Paid/Check #:	
Baptismal Certificates on File:	