



## STUDENT ENROLLMENT FORM 2019-20 SCHOOL YEAR

Today's Date: \_\_\_\_\_

### STUDENT DATA

Last Name:	First Name:	Middle Name:
Address:	City:	ZIP:

### PLEASE PROVIDE A COPY OF CHILD'S BIRTH CERTIFICATE AND IMMUNIZATION RECORDS

Birth Date:	Gender:	Ethnicity (Please check one)	Race (Please check all applicable)
Birth Place:	Male <input type="checkbox"/>	Hispanic or Latino <input type="checkbox"/>	White <input type="checkbox"/>
Language Spoken at Home:	Female <input type="checkbox"/>	Not Hispanic or Latino <input type="checkbox"/>	Asian <input type="checkbox"/>
List any significant physical, medical, allergies or restrictive conditions the child may have:			Black or African American <input type="checkbox"/>
			American Indian or Alaska Native <input type="checkbox"/>
			Native Hawaiian or Other Pacific Islander <input type="checkbox"/>

Grade Level Entering:	Student Email Address:		
Are you applying for:	Private Tuition? <input type="checkbox"/>	Milwaukee Parental Choice Program (MPCP)? <input type="checkbox"/>	Or Wisconsin Parental Choice Program (WPCP)? <input type="checkbox"/>
Are you applying for the National School Lunch Program (NSLP)?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
School Last Attended:	Last School Grade Level attended:	Last School Records Available: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last School Address (City, ST):	Last School Phone Number:		

**PLEASE PROVIDE A COPY OF CHILD'S BAPTISMAL CERTIFICATE IF NOT BAPTIZED AT ST. VINCENT PALLOTTI**

Parish / Place of Worship:		Religion:
Baptism Date:	First Reconciliation Date:	First Communion Date:
Baptism Place:	First Reconciliation Place:	First Communion Place:

**PLEASE COMPLETE THE PARENT / GUARDIAN INFORMATION ON THE BACK OF THIS PAGE**



# ST. VINCENT PALLOTTI CATHOLIC SCHOOL

WE INSPIRE. WE CHANGE LIVES.



## STAY IN THE KNOW

Stay Connected to your School Text Messages

DOWNLOAD the App "**Remind**" on your phone

### CONTACT DATA

Parent/Guardian Last Name:	Parent/Guardian First Name:	Contact Relationship:	
Parent/Guardian Maiden Name:	Email Address:		
Address:		City:	ZIP:
Occupation:	Home Phone:	Cell Phone:	Can Pick Up Student?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Place of Work:	Work Phone:	Work Schedule:	

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Address:		City:	ZIP:
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Occupation:	Home Phone:	Cell Phone:	Can Pick Up Student?: <input type="checkbox"/> Yes <input type="checkbox"/> No
Place of Work:	Work Phone:	Work Schedule:	

**LIST THE NAMES, AGES AND GRADE LEVEL AND SCHOOL ATTENDED OF ALL THE CHILDREN IN YOUR FAMILY**  
**(DO NOT INCLUDE THE CHILD THAT IS APPLYING IN THIS FORM)**

Child's Name:	Age:	Grade Level:	School Attended:

Court Doc \_\_\_\_\_

**PARENT OR GUARDIAN SIGNATURE:**

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