



St. Charles School
BURLINGTON, WI

ST. CHARLES SCHOOL
K3-8
NEW STUDENT REGISTRATION
FORM
2017 - 2018

Office Use Only
Fees Pd _____
Release Sent ____ Recv'd ____
B.C. Verified _____

FAMILY INFORMATION

Date: _____
Family's Last Name: _____
Home Address: _____
Home Phone: _____
Family E-Mail: _____
St Charles Parish Member Yes _____
No _____ We are members of : _____

Father's Name: _____ Mother's Name: _____
Mother's Maiden Name: _____
Race: _____ Race: _____
Religion: _____ Religion: _____
Occupation: _____ Occupation: _____
Place of Work: _____ Place of Work: _____
Work Number: _____ Work Number: _____
Cell Phone: _____ Cell Phone: _____
E-Mail: _____ E-Mail: _____

STUDENT INFORMATION

Child(ren) lives with: Mom _____ Dad _____ Both _____

Last Name	First Name	Middle Name	Race	Gender	Birth Date	Grade	2017 - 2018
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

NEW STUDENT INFORMATION

Date of Baptism: _____
Place of Baptism: _____
Date of First Communion: _____
Last School Attended: _____
Address: _____

OTHER THAN PARENTS - EMERGENCY CONTACT INFORMATION

Contact Person:
Name: _____ Relationship: _____ Number: _____
Name: _____ Relationship: _____ Number: _____
Physician: Name: _____
Phone Number: _____
Allergies: _____
Significant Health Data: _____

According to your home address, which public school would your child(ren) attend for the 2017/18 school year:
