

221 E. Washington Avenue Tomahawk, WI 54487 Phone (715) 453-3542 Fax (715) 453-9195

http://www.stmarysschooltomahawk.com

Registering Family Information					
Family Name:					
Family Address: (street, city, state, zip code)					
Family Home Telephone:	Family Email:				
Father/Gu	uardian Information				
Father Guardian Name: (last, first, middle)	Home Telephone Number: (If different than family)				
	Cell Phone Number:				
Home Address: (If different than family)	Father/Guardian Email Address:				
Occupation:	Employer/Company Name:				
Can You Be Contacted at Work? (circle one) Yes No	If Yes, Work Telephone Number:				
Mother/G	uardian Information				
Mother Guardian Name: (last, first, middle)	Home Telephone Number: (If different than family)				
	Cell Phone Number:				
Home Address: (If different than family)	Mother/Guardian Email Address:				
Occupation:	Employer/Company Name:				
Can You Be Contacted at Work? (circle one) Yes No	If Yes, Work Telephone Number:				
Important Custody Information (if applicable)					
Do parents have shared parental responsibility? (circle one) Yes No If yes, please provide a copy of the court order.					
Is there a visitation order or other court order banning either parent from removing the student or coming into contact with the student during the school day? (circle one) Yes No If yes, please provide a copy of the order.					
Referral					
Did a St. Mary School Family refer you? If so, Whom?					

Illness/Emergency Dismissal Information						
Provide the name(s) of person(s), of		•				
Name (First, MI, Last)	Relationship to Student	Phone #				
Do not allow my child(ren) to be pic	ked up by:					
	Family Medical Treatment Relea	se Form				
Primary Doctor or Clinic:	Address:	Phone Number:				
Dentist:	Address:	Phone Number:				
Dentist.	Address.	Priorie Number.				
Other Health Care:	Address:	Phone Number:				
Income a Comian	Dalia, Number					
Insurance Carrier:	Policy Number:					
Detailed Student H	ealth Forms will be updated at the	beginning of the school year.				
1	(Parent/Guardian) give St. N	Nary's School and its designated				
representative permission to transp	-	e necessary emergency medical treatment				
for		(child(ren)). I also permit any and				
all required medical treatment to be administered by qualified personnel, including calling 911.						
Parent Signature:		Date				
Siblings Not Attending St. Mary's School						
Sibling Name: Dat	e of Birth: Schoo	ol: St. Mary Alumni:				
School Correspondence						
Receiving School Correspondence,	please select preference:					
Mother: ☐ Voice ☐ Email ☐ Text ☐ Mail Father: ☐ Voice ☐ Email ☐ Text ☐ Mail						

Important Parent/Gua	rdian Consent Requirement	S
Scrip Purchasing: I understand that each family is required to purchase \$ requirement. The family balance of unpurchased scrip the middle of May. You may also elect to buy out of the be added to FACTS. Once your family has met the requirements will be applied as a deduction on your family grade and doesn't have any younger siblings registering the current school year.	will be billed out at 10% of t is program at \$250 per child uired amount of scrip purcha y's tuition the following scho	he remaining scrip balance in l or \$500 family cap which could ises, 1% of any additional rol year. If your child is in 5 th
☐ I would like to buyout \$250 single or \$500☐ I plan to purchase scrip \$2,500 single or \$500 Name two households whose purchases can	5,000 Family.	's account.
(1)	(2)	
Family Responsibility for Volunteer Hours: Our school parents are vital to the continued success o level, we require each family to volunteer a minimum obuy out and pay \$200 which could be added to FACTS. Urrepresentation of the could be added to FACTS. Buyout Volunteering at \$200	of 20 hours. If volunteering is	
Registration Fees: A non-refundable Registration Fee and Technology and are non-refundable.	l Supply Fee are due upon re	egistering. All fees and tuition
Registration Fee: ☐ \$100 Child -OR-	☐ \$200 Family	
Technology and Supply Fee:	Number of Children	
	Total	
Office Use: Amount paid \$ Check # or cash:	Received by:	Date:
Tuition Agreement: By signing this completed registration form; I understate options for payment: • Monthly payments through FACTS TUITION pro • Payment in full at the beginning of the school y	ogram	able and that there are 2
St Mary's School admits students of any race, color, no and activities generally accorded or made available to valid without parent signature(s).	_	
Signature of Mother/Guardian		Date
Signature of Father/Guardian		

The information provided on this registration application form will be used throughout the school year. Please inform the school office immediately of any changes to any of the information. It is important to ensure school records are kept up to date with the most recent information on a student. Thank you!

Student Information – Please fill out completely					
Student Name: (last, first, middle	Student Gender (circle one) Student Date of Birth (mm/dd/yy)				
Male Female					
Student Birth Place (city, state)	Student Entering Grade (circle one)				
	Preschool 3 days Preschool 5 days 4K 5K 1 2 3 4 5				
Indicate who child lives with (circ	le one)				
Both Parents Father Mother Grandparent Foster Parent Other					
Student Race/Ethnic Origin: (circle	e one)				
White, Non-Hispanic F	lispanic Asian/Pacific Islander Black, Non-Hispanic				
Multiracial American	Indian/Alaskan Other				
Language spoken at home:					
Student Religious Affiliation:	Name of church or parish/location where you are registered:				
Has student been baptized? (circl	e one) Yes No Date/Location:				
Has student had first reconciliation? (circle one) Yes No Date/Location:					
Has student had first communion? (circle one) Yes No Date/Location:					
Student Information – Please fill out completely					
St	·				
Student Name: (last, first, middle	• • •				
Student Name: (last, first, middle) Student Gender (circle one) Student Date of Birth (mm/dd/yy) Male Female				
	Student Gender (circle one) Student Date of Birth (mm/dd/yy) Male Female Student Entering Grade (circle one)				
Student Name: (last, first, middle) Student Gender (circle one) Student Date of Birth (mm/dd/yy) Male Female				
Student Name: (last, first, middle	Student Gender (circle one) Student Date of Birth (mm/dd/yy) Male Female Student Entering Grade (circle one) Preschool 3 days Preschool 5 days 4K 5K 1 2 3 4 5				
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Student Name: (last, first, middle Student Birth Place (city, state) Indicate who child lives with (circ Both Parents Father M Student Race/Ethnic Origin: (circle White, Non-Hispanic H Multiracial American Language spoken at home:	Student Gender (circle one) Student Date of Birth (mm/dd/yy) Male Female Student Entering Grade (circle one) Preschool 3 days Preschool 5 days 4K 5K 1 2 3 4 5 le one) Iother Grandparent Foster Parent Other e one) Hispanic Asian/Pacific Islander Black, Non-Hispanic Indian/Alaskan Other				
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