

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/Guardian 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:			
occupation.	Employer/ company Name.			
Can You Be Contacted at Work? (circle one)	If Yes, Work Telephone Number:			
Yes No				
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:			
nome Address. (if different than family)	Wother/Guardian Email Address.			
Occupation:	Employer/Company Name:			
Can You Be Contacted at Work? (circle one)	If Yes, Work Telephone Number:			
Yes No				
Important Custody Information (if applicable)				
Do parents have shared parental responsibility? (circ	•			
Yes No If yes, please provide a cop				
	ng either parent from removing the student or coming into			
contact with the student during the school day? (circ	·			
Yes No If yes, please provide a copy of the order.				
Referral				
Did a St. Mary School Family refer you? If so, Whom	?			

IllIness/Emergency Dismissal Information				
Provide the name(s) of person(s), other than parents, allowed to pick up the student.				
Name (First, MI, Last)	•	hip to Student	Phone #	
		,		
Do not allow my child(ren) to be pic	ked up by:			
	Family Modical	Treatment Releas	so Form	
Primary Doctor or Clinic:	Address:	Treatment Releas	Phone Number:	
Trimary Boctor of Chine.	Address.		Thone Hamber.	
Dentist:	Address:		Phone Number:	
Other Health Care:	Address:		Phone Number:	
Insurance Carrier:		Policy Number:		
		•		
Detailed Student H	ealth Forms will b	e updated at the l	beginning of the school yea	r.
1	(Parent/Gu	ıardian) give St. M	lary's School and its design	ated
representative permission to transp	ort and sign all fo	rms related to the		
for			(child(ren)). I als	so permit any and
all required medical treatment to be	e administered by	qualified person	nel, including calling 911.	
Parent Signature: Date				
Siblings Not Attending St. Mary's School				
Sibling Name: Dat	e of Birth:	Schoo		Alumni:
Danisius Cabaal Camaanadanaa		Correspondence		
Receiving School Correspondence, please select preference: Mother: Voice Email Text Mail Mail Father: Voice Email Text Mail				
Totale. I voice II than II reac II wan ruther. II voice II than II reac II wan				

Important Parent/Guardian Consent Re	quirements
Scrip Purchasing: I understand that each family is required to purchase \$2,500 of scrip per requirement. The family balance of unpurchased scrip will be billed out the middle of May. You may also elect to buy out of this program at \$25 be added to FACTS. Once your family has met the required amount of s purchases will be applied as a deduction on your family's tuition the foll grade and doesn't have any younger siblings registering the next year, a the current school year.	at 10% of the remaining scrip balance in 50 per child or \$500 family cap which could crip purchases, 1% of any additional owing school year. If your child is in 5 th
 □ I would like to buyout \$250 single or \$500 Family □ I plan to purchase scrip \$2,500 single or \$5,000 Family. Name two households whose purchases can be credited to 	your family's account.
(1)(2)	
Family Responsibility for Volunteer Hours: Our school parents are vital to the continued success of our school. In or level, we require each family to volunteer a minimum of 20 hours. If volution out and pay \$200 which could be added to FACTS. Please check you	unteering is not possible, you may elect to
□ Volunteer 20 hours□ Buyout Volunteering at \$200	
Registration Fees: A non-refundable Registration Fee and Technology and Supply Fee are d are non-refundable.	lue upon registering. All fees and tuition
Registration Fee: ☐ \$100 Child -OR- ☐ \$200 Fam	ily
Technology and Supply Fee:	Children Total
Office Use: Amount paid \$ Check # or cash: Received by: _	Date:
Tuition Agreement: By signing this completed registration form; I understand that tuition is coptions for payment: Monthly payments through FACTS TUITION program Payment in full at the beginning of the school year In the event that instruction may need to be offered in an altern to continue paying my planned tuition amount. In the event that I am unable to make such payments, I agree to set up a new payment plan In the event that I default on this contract, I agree to pay for all collection incurred to collect monies for services provided.	nate format during the school year, I agree o meet with school and/or parish personnel reasonable and necessary costs of
St Mary's School admits students of any race, color, national and ethnic activities generally accorded or made available to students at the school without parent signature(s).	
Signature of Mother/Guardian	Date
Signature of Father/Guardian	Date

Please inform the school office immediately of any changes to any of the information.

30	udent 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 shild lives with (size	0.000
Indicate who child lives with (circl	
Both Parents Father M	other Grandparent Foster Parent Other
Student Race/Ethnic Origin: (circle	e one)
White, Non-Hispanic	lispanic Asian/Pacific Islander Black, Non-Hispanic
Multiracial American I	ndian/Alaskan Other
Language spoken at home:	
Student Religious Affiliation:	Name of church or parish/location where you are registered:
Has student been baptized? (circle	e one) Yes No Date/Location:
Has student had first reconciliation	n? (circle one) Yes No Date/Location:
That stadelie had mot reconciliated	The Control one, Tes The Butte, Estation
Has student had first communion	? (circle one) Yes No Date/Location:
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	ugent information — Please fill out completely
	student Information – Please fill out completely Student Gender (circle one) Student Date of Birth (mm/dd/yy)
Student Name: (last, first, middle)	Student Gender (circle one) Student Date of Birth (mm/dd/yy)
	Student Gender (circle one) Student Date of Birth (mm/dd/yy)
Student Name: (last, first, middle)	Student Gender (circle one) Student Date of Birth (mm/dd/yy) Male Female
Student Name: (last, first, middle) Student Birth Place (city, state)	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 (circle Both Parents Father Means Student Race/Ethnic Origin: (circle Control of the	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 e one) other Grandparent Foster Parent Other e one)
Student Name: (last, first, middle) Student Birth Place (city, state) Indicate who child lives with (circle Both Parents Father M Student Race/Ethnic Origin: (circle White, Non-Hispanic H	Student Gender (circle one) Male Female Student Entering Grade (circle one) Preschool 3 days Preschool 5 days 4K 5K 1 2 3 4 5 e one) other Grandparent Foster Parent Other e one) lispanic Asian/Pacific Islander Black, Non-Hispanic
Student Name: (last, first, middle) Student Birth Place (city, state) Indicate who child lives with (circle Both Parents Father Mean Student Race/Ethnic Origin: (circle White, Non-Hispanic Health Multiracial American I	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 e one) other Grandparent Foster Parent Other e one)
Student Name: (last, first, middle) Student Birth Place (city, state) Indicate who child lives with (circle Both Parents Father M Student Race/Ethnic Origin: (circle White, Non-Hispanic H	Student Gender (circle one) Male Female Student Entering Grade (circle one) Preschool 3 days Preschool 5 days 4K 5K 1 2 3 4 5 e one) other Grandparent Foster Parent Other e one) lispanic Asian/Pacific Islander Black, Non-Hispanic
Student Name: (last, first, middle) Student Birth Place (city, state) Indicate who child lives with (circle Both Parents Father Mean Student Race/Ethnic Origin: (circle White, Non-Hispanic Houltiracial 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 e one) other Grandparent Foster Parent Other e one) lispanic Asian/Pacific Islander Black, Non-Hispanic Indian/Alaskan Other
Student Name: (last, first, middle) Student Birth Place (city, state) Indicate who child lives with (circle Both Parents Father Mean Student Race/Ethnic Origin: (circle White, Non-Hispanic Health Multiracial American I	Student Gender (circle one) Male Female Student Entering Grade (circle one) Preschool 3 days Preschool 5 days 4K 5K 1 2 3 4 5 e one) other Grandparent Foster Parent Other e one) lispanic Asian/Pacific Islander Black, Non-Hispanic
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Student Name: (last, first, middle) Student Birth Place (city, state) Indicate who child lives with (circle Both Parents Father M Student Race/Ethnic Origin: (circle White, Non-Hispanic Home: Multiracial American I Language spoken at home: Student Religious Affiliation: Has student been baptized? (circle	Student Gender (circle one) Male Female Student Entering Grade (circle one) Preschool 3 days Preschool 5 days 4K 5K 1 2 3 4 5 e one) other Grandparent Foster Parent Other e one) lispanic Asian/Pacific Islander Black, Non-Hispanic Indian/Alaskan Other Name of church or parish/location where you are registered: e one) Yes No Date/Location:
Student Name: (last, first, middle) Student Birth Place (city, state) Indicate who child lives with (circle Both Parents Father M Student Race/Ethnic Origin: (circle White, Non-Hispanic Houltiracial American I Language spoken at home: Student Religious Affiliation:	Student Gender (circle one) Male Female Student Entering Grade (circle one) Preschool 3 days Preschool 5 days 4K 5K 1 2 3 4 5 e one) other Grandparent Foster Parent Other e one) lispanic Asian/Pacific Islander Black, Non-Hispanic Indian/Alaskan Other Name of church or parish/location where you are registered: e one) Yes No Date/Location: