

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/G | 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 Info | ormation | | | | |
|--|--------------------------------------|---|--|--|--|--|
| Provide the name(s) of person(s), o | ther than parents, allowed to pick | up the student. | | | | |
| Name (First, MI, Last) | Relationship to Student | Phone # | | | | |
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| Do not allow my child(ren) to be pig | cked up by: | | | | | |
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| | Family Medical Treatment Relea | se Form | | | | |
| Primary Doctor or Clinic: | Address: | Phone Number: | | | | |
| , | . 133.1 333. | | | | | |
| | | | | | | |
| Dentist: | Address: | Phone Number: | | | | |
| Dentist. | Address. | r none number. | | | | |
| | | | | | | |
| Other Health Core | Address | Dhana Numban | | | | |
| Other Health Care: | Address: | Phone 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 | Mary's School and its designated | | | | |
| representative permission to transf | : | e necessary emergency medical treatment | | | | |
| | ore and sign an forms related to the | | | | | |
| for (child(ren)). I also permit any and | | | | | | |
| all required medical treatment to be administered by qualified personnel, including calling 911. | | | | | | |
| | | | | | | |
| Parent Signature: | | Date | | | | |
| | | | | | | |
| C'I-I' - No | Siblings Not Attending St. Mary | | | | | |
| Sibling Name: Da | te of Birth: School | ol: St. Mary Alumni: | | | | |
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| School Correspondence | | | | | | |
| Receiving School Correspondence, please select preference: | | | | | | |
| Mother: ☐ Voice ☐ Email ☐ | • | ce □ Email □ Text □ Mail | | | | |
| Wouler. L. Voice L. Eiliaii L. | TEAL LI IVIAII FALIIEI. LI VOI | CE LITIATI LI TEXT LI IVIATI | | | | |
| | | | | | | |

| Important Parent/Guai | 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 requirement purchases 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 ired amount of scrip purcha 's tuition the following scho | he remaining scrip balance in I or \$500 family cap which could ases, 1% of any additional ool 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 care | 5,000 Family. | 's account. |
| (1) | (2) | |
| Family Responsibility for Volunteer Hours: Our school parents are vital to the continued success of level, we require each family to volunteer a minimum of buy out and pay \$200 which could be added to FACTS. Under Volunteer 20 hours Buyout Volunteering at \$200 | of 20 hours. If volunteering is | |
| Registration Fees: A non-refundable Registration Fee and Technology and are non-refundable. | Supply Fee are due upon re | egistering. All fees and tuition |
| Registration Fee: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc | ☐ \$200 Family | |
| Technology and Supply Fee: \$100 per child X | | |
| | Total | |
| Office Use: Amount paid \$ Check # or cash: | Received by: | Date: |
| Tuition Agreement: By signing this completed registration form; I understar options for payment: • Monthly payments through FACTS TUITION pro • Payment in full at the beginning of the school y | gram | lable 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 | | _ Date |
| | | |

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 (circl | e one) | | | | | |
| Both Parents Father Mother Grandparent Foster Parent Other | | | | | | |
| | · | | | | | |
| Student Race/Ethnic Origin: (circle | e one) | | | | | |
| White, Non-Hispanic H | lispanic Asian/Pacific Islander Black, Non-Hispanic | | | | | |
| • | ndian/Alaskan Other | | | | | |
| | Training Auditoria | | | | | |
| Language spoken at home: | | | | | | |
| Student Religious Affiliation: | Name of church or parish/location where you are registered: | | | | | |
| Stadent Kenglods / Amilation. | where you are registered. | | | | | |
| | | | | | | |
| Has student been baptized? (circle | e one) Yes No Date/Location: | | | | | |
| rias stadent been baptized. (enci- | e one, res no bate, totation. | | | | | |
| Has student had first reconciliatio | n? (circle one) Yes No Date/Location: | | | | | |
| | | | | | | |
| Has student had first communion | ? (circle one) Yes No Date/Location: | | | | | |
| | | | | | | |
| | udent Information – Please fill out completely | | | | | |
| Cr. da et Nia esa /la et Creat cetablic) | | | | | | |
| Student Name: (last, first, middle) | 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 | | | | | |
| | Male Female | | | | | |
| Student Name: (last, first, middle) Student Birth Place (city, state) | • | | | | | |
| | Male Female | | | | | |
| Student Birth Place (city, state) | Male Female Student Entering Grade (circle one) Preschool 3 days Preschool 5 days 4K 5K 1 2 3 4 5 | | | | | |
| | Male Female Student Entering Grade (circle one) Preschool 3 days Preschool 5 days 4K 5K 1 2 3 4 5 | | | | | |
| Student Birth Place (city, state) Indicate who child lives with (circle | Male Female Student Entering Grade (circle one) Preschool 3 days Preschool 5 days 4K 5K 1 2 3 4 5 | | | | | |
| Student Birth Place (city, state) Indicate who child lives with (circle | Male Female Student Entering Grade (circle one) Preschool 3 days Preschool 5 days 4K 5K 1 2 3 4 5 e one) | | | | | |
| Student Birth Place (city, state) Indicate who child lives with (circle | 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 | | | | | |
| Student Birth Place (city, state) Indicate who child lives with (circle Both Parents Father M Student Race/Ethnic Origin: (circle | 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 | | | | | |
| Student Birth Place (city, state) Indicate who child lives with (circle Both Parents Father M Student Race/Ethnic Origin: (circle White, Non-Hispanic H | Male Female Student Entering Grade (circle one) Preschool 3 days Preschool 5 days 4K 5K 1 2 3 4 5 e one) lother Grandparent Foster Parent Other e one) lispanic Asian/Pacific Islander Black, Non-Hispanic | | | | | |
| Student Birth Place (city, state) Indicate who child lives with (circle Both Parents Father Mean Student Race/Ethnic Origin: (circle White, Non-Hispanic Head Multiracial American I | 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 Birth Place (city, state) Indicate who child lives with (circle Both Parents Father M Student Race/Ethnic Origin: (circle White, Non-Hispanic Houltiracial American Language spoken at home: | 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 Birth Place (city, state) Indicate who child lives with (circle Both Parents Father Mean Student Race/Ethnic Origin: (circle White, Non-Hispanic Head Multiracial American I | Male Female Student Entering Grade (circle one) Preschool 3 days Preschool 5 days 4K 5K 1 2 3 4 5 e one) lother Grandparent Foster Parent Other e one) lispanic Asian/Pacific Islander Black, Non-Hispanic | | | | | |
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| 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: Has student been baptized? (circle | Student Entering Grade (circle one) Preschool 3 days Preschool 5 days 4K 5K 1 2 3 4 5 e one) lother 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: | | | | | |
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