

**St. Wendelin Catholic Schools
INITIAL CONTACT FORM**

Initial contact made by: _____

Date: _____

FATHER

First _____ Last _____

Address _____

City _____ State _____ Zip _____

E-mail address _____

Home Phone # _____ Cell # _____

Religion _____ Parish Membership _____

MOTHER

First _____ Last _____

Address _____

City _____ State _____ Zip _____

E-mail address _____

Home Phone # _____ Cell # _____

Religion _____ Parish Membership _____

Names of children interested in attending St. Wendelin School:

1 First _____ Last _____ Middle _____

Date of Birth _____ Current Year in School _____

2 First _____ Last _____ Middle _____

Date of Birth _____ Current Year in School _____

3 First _____ Last _____ Middle _____

Date of Birth _____ Current Year in School _____

4 First _____ Last _____ Middle _____

Date of Birth _____ Current Year in School _____

Children reside with: _____ Parents _____ Father _____ Mother

Relationship of contact person to prospective children:

Parent _____ Relative (Relationship) _____ Guardian _____

(Over)

How did you hear about St. Wendelin School?

Current student/family Alumni Mailing
 Church Bulletin Flyer Radio
 Visit from St. Wendelin Newspaper (which one: _____)
 Internet Website Other _____
 Referral from family or friend (name: _____)

What are you most interested in knowing about St. Wendelin School?

Academic program Religious Education/Spiritual Opportunities
 Discipline Financial Assistance
 Results of Standardized Tests Facilities
 Transportation Extra curricular Opportunities
 Other: _____

Phone Walk-In Referral Website Open House

Other Information and/or Comments: