



ST. WENDELIN  
CATHOLIC SCHOOLS

Goodness. Discipline. Learning.

**ST. WENDELIN SCHOOLS  
NEW STUDENT INFORMATION  
For the 2010-2011 School Year**

For office use only:  
Family ID Number \_\_\_\_\_  
Student ID Number \_\_\_\_\_  
Tuition Amount \_\_\_\_\_  
Reg. Fee \_\_\_\_\_ ACT Fee \_\_\_\_\_  
Cash \_\_\_\_\_ Check \_\_\_\_\_

**Family Name** \_\_\_\_\_

**STUDENT INFORMATION**

Grade level for registered year \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Gender \_\_\_\_\_ Birthdate \_\_\_\_\_ Phone \_\_\_\_\_

Verification: Birth Certificate  or Passport  Social Security # \_\_\_\_\_

Ethnicity:  Native American  Asian  Black  Hispanic  
 Native Hawaiian/Other Pacific Islander  White  Multi Cultural  Unknown

Birthplace City: \_\_\_\_\_

Native Language: \_\_\_\_\_

**Address of Residence**

Street \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Home E-mail \_\_\_\_\_

School District of Residence \_\_\_\_\_

Bus Rider  Yes  No

Additional Services Currently Receiving:  ISP  Remedial Reading  Speech & Lang.  Free/Reduced Lunch

Services Received in Past Years:  ISP  Remedial Reading  Speech & Lang.  Free/Reduced Lunch

If **NEW** to St. Wendelin, what school did students attend last year? \_\_\_\_\_

School \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Student Religious Affiliation**

**Religion:**  Catholic  Non-Catholic  Other Home Parish/Church \_\_\_\_\_

**Baptized:**  Yes  No Where? \_\_\_\_\_

**Sacraments:** Reconciliation  Yes  No First Communion  Yes  No Confirmation  Yes  No

**PARENT/GUARDIAN INFORMATION**

Married  Single  Separated  Divorced  Mother Remarried  Father Remarried

If parents are divorced or separated who has legal custody. \_\_\_\_\_

**Custodial papers MUST be on file in the main office.**  YES  NA

Student lives with: Both parents  Mother  Father  Shared Parenting

Other (who?) \_\_\_\_\_

**STUDENT MEDICAL INFORMATION**

Doctor \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Dentist \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Allergies \_\_\_\_\_ Medication \_\_\_\_\_

Additional Medical Information \_\_\_\_\_

**FATHER**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ SW Alumnus \_\_\_\_\_ No \_\_\_\_\_  
Same as student address   
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Unlisted Phone Number   
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Occupation Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_  
Ethnicity: Native American Asian Black Hispanic  
Native Hawaiian/Other Pacific Islander White Multi Cultural Unknown  
Religion \_\_\_\_\_ Parish \_\_\_\_\_

**MOTHER**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ SW Alumna \_\_\_\_\_ No \_\_\_\_\_  
Same as student address   
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Unlisted Phone Number   
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_  
Ethnicity: Native American Asian Black Hispanic  
Native Hawaiian/Other Pacific Islander White Multi Cultural Unknown  
Religion \_\_\_\_\_ Parish \_\_\_\_\_

**GUARDIAN/STEP-MOTHER**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ SW Alumna \_\_\_\_\_ No \_\_\_\_\_  
Same as student address   
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Unlisted Phone Number   
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_  
Religion \_\_\_\_\_ Parish \_\_\_\_\_

**GUARDIAN/STEP-FATHER**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ SW Alumnus \_\_\_\_\_ No \_\_\_\_\_  
Same as student address   
Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Unlisted Phone Number   
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Email \_\_\_\_\_  
Occupation \_\_\_\_\_ Place of Employment \_\_\_\_\_ Business Phone \_\_\_\_\_  
Religion \_\_\_\_\_ Parish \_\_\_\_\_

**CONTACT INFORMATION:** Please indicate who we should contact in case of illness or emergency, when parents cannot be reached. May Step-Parents be contacted?  Yes  No

CONTACT INFO	1st CONTACT	2nd CONTACT	3rd CONTACT
NAME			
RELATIONSHIP			
PHONE			
CELL PHONE			

\*\*\*Please include us in the Family Directory  YES  NO  
If neither box is marked, you will automatically be included in the Family Directory.

**Signature of Parent/Guardian – Certifies that all information provided is correct and signifies agreement to abide by the policies stated in the St. Wendelin School Parent/Student Handbooks.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date