

MQSCA 2017-18 Student Registration Form

STUDENT INFORMATION

Student Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female	D.O.B.:
Address:		City/State/Zip:
Ethnic Origin (check all that apply): <input type="checkbox"/> African-American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Native-American <input type="checkbox"/> White <input type="checkbox"/> East Indian <input type="checkbox"/> Other		
Present School and Address:		
Grade Going Into:	Student Baptized: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date and church:	
	Communion: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date and church:	
	Reconciliation : <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date and church:	
What church do you attend?		

PARENTAL INFORMATION

Father's (Guardian's) Name:	Mother's (Guardian's) Name:
Address:	Address:
City/State/Zip:	City/State/Zip:
Work Place:	Work Place:
Job Title:	Job Title:
Location:	Location:
Daytime Phone:	Daytime Phone:
Ext:	Ext:
Evening Phone	Evening Phone:
Ext:	Ext:
Cell Phone:	Cell Phone:
Email:	Email:
Require Separate Mailing of School Info: <input type="checkbox"/> Yes <input type="checkbox"/> No	Require Separate Mailing of School Info: <input type="checkbox"/> Yes <input type="checkbox"/> No

EMERGENCY CONTACT / HEALTH INFORMATION

Emergency Contact Name:	Phone:	Relationship to Student:
Emergency Contact Name:	Phone:	Relationship to Student:

Allergies:

Other Health Issues:

We are will be applying for Milwaukee or Wisconsin Parental Choice Program. Yes___, No___
We are not eligible for the Parental Choice program and want to apply for financial assistance. Yes___, No___
Would you like information about before/after school programs? Yes___, No___

OFFICE USE ONLY

Date Application Received:

\$100.00 Family Registration Fee Paid: Check # _____ Cash _____ CC _____ Date _____



Mary Queen of Saints Catholic Academy
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