Mary Queen of Saints

SETON
CATHOLIC SCHOOLS

STUDENT REGISTRATION FORM

Student Name _____
                    Last   First   Middle

Address_____ Home Phone Number ( ) _____

City/Zip _____

Date of Birth_____ City/State of Birth _____

Male _____ Female _____

Ethnic Background (please check all that apply):

____American Indian or Alaska Native
____Asian _____Black/African-American
____Hispanic/Latino ____Multi-Racial
____Native Hawaiian/Other/Pacific Islander
____White

Name of Parent/Guardian (please use complete names):

Mother _____ Home Phone ( ) _____
Address _____ Work Phone ( ) _____
City/Zip _____ Cell Phone ( ) _____
                                          Email address _____

Father _____ Home Phone ( ) _____
Address _____ Work Phone ( ) _____
City/Zip _____ Cell Phone ( ) _____
                                          Email address _____

Parish Membership (please check one) ___ St. Florian ___HA ___St. Augustine
                                     ___Mother of Perpetual Help ___St. Rita ___Other
If "Other" please indicate name of parish _____

RECORD OF SCHOOLS ATTENDED
Last School Attended _____ Dates _____
School Address _____

SACRAMENTAL RECORDS (If new student to MQS)		
	Baptism	First Eucharist	First Reconciliation
Date	_____	_____	_____
Parish	_____	_____	_____
City/State	_____	_____	_____

Would you like information about tuition assistance? _____Y _____N
Would you like information about before/after school programs? _____Y _____N If Yes, please indicate:
          Morning Program ___Yes ___No   Afternoon Program ___Yes ___No
Has the student been evaluated for special educational needs or have any physical handicaps? ___Y ___N

Parent/Guardian Signature _____ Date _____

1435 South 92nd Street   West Allis, WI 53214
Phone: (414) 476-0751   Fax: (414) 259-9285   mqsca.org

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 __

We would like information about Camp (before and after school program): Yes __ No __

OFFICE USE ONLY

Date Application Received:

Registration Fee Paid:

Check# _____

Cash _____

Receipt# _____

Date _____

SETON