

7140 N. 41st Street

 Milwaukee, WI 53209 (41 (414) 352-6927 Ext. 300

**Student Application**

***STUDENT DEMOGRAPHICS:***

Grade Level Student Applying For: (Circle One)

K4 K5 1 2 3 4 5 6 7 8

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gender: \_\_\_\_\_Male \_\_\_\_\_Female

Last Name First Middle

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

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Religion: \_\_\_\_\_Catholic \_\_\_\_\_Presbyterian \_\_\_\_\_Lutheran \_\_\_\_\_Methodist

 \_\_\_\_\_Christian/Non-denominational \_\_\_\_\_Other

What church does he/she attend: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous School Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name City

***STUDENT INFORMATION:***

Has student ever been retained? \_\_\_\_\_Yes \_\_\_\_\_\_No If so, which grade? \_\_\_\_\_\_\_\_

Has student ever been expelled? \_\_\_\_\_\_Yes \_\_\_\_\_\_No If yes, date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has student been evaluated for special needs? \_\_\_\_\_Yes \_\_\_\_\_No

 *If* ***yes****, does the child have an IEP?* \_\_\_\_\_Yes \_\_\_\_\_No (IEP Report must be provided)

List any medical restrictions? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Documentation must be provided.)

List any food allergies? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Documentation must be provided)

Ethnicity (choose all that apply):

\_\_\_\_\_Hispanic/Latino \_\_\_\_\_American Indian/Alaskan Native \_\_\_\_\_Asian

\_\_\_\_\_Black/African American \_\_\_\_\_Hawaiian/Pacific Islander \_\_\_\_\_White \_\_\_\_\_Multi Racial

*FAMILY INFORMATION*

Child lives with: \_\_\_\_\_Mother \_\_\_\_\_Father \_\_\_\_\_Both \_\_\_\_\_Grandparent(s) \_\_\_\_\_Foster/Guardian

Mother’s First & Last Name Date of Birth

Mother’s Home Phone Mother’s Cell Phone Mother’s Email

Mother’s Place of Employment Mother’s Work Phone

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Father’s First & Last Name Date of Birth

Father’s Home Phone Father’s Cell Phone Father’s Email

Father’s Place of Employment Father’s Work Phone

List any children in the family:

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age \_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_\_\_\_\_\_\_

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Age \_\_\_\_\_\_\_\_\_\_

How Did You Hear About Northwest Catholic School? Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. To meet the education needs of the Northwest Catholic students, we follow the Archdiocese of Milwaukee Policy #5110 that states: All students are on probation during the first semester of their attendance at a Catholic School.

2. Northwest Catholic School admits students of any race, color, and national or ethnic origin.

3. A certified copy of the student’s birth certificate is required when applying to Northwest Catholic.

4. Evidence of immunizations meeting State of Wisconsin standards must be provided for enrollment to be complete.

Signature of Parent/Guardian:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**For Office Use Only:**

Received Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Choice Acceptance Letter Sent \_\_\_\_\_\_

NWC Enrollment Letter Sent\_\_\_\_\_\_\_\_ PowerSchool Entry \_\_\_\_\_\_\_\_\_If needed, admin meeting /Date\_\_\_\_\_\_\_\_\_

Birth Certificate\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Immunizations \_\_\_\_\_\_\_\_\_ Records Request \_\_\_\_\_\_\_\_\_

Reason For Transfer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Special Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_