



Application for K3 Enrollment

This application form must be submitted for all new students. Families new to the school should include a check for \$110 per child payable to St. Mary's Visitation School. This non-refundable fee will be applied to Registration fees.

Part One- Student Information

Please Print

Name of Student _____ Sex _____
(Last) (First) (Middle)

Address _____

City, State _____ Zip Code _____

Home Phone _____ Primary E-Mail Address _____

Birth Date _____ Place of Birth _____

Indicate Days: ___ Monday, ___ Tuesday, ___ Wednesday, ___ Thursday, ___ Friday

Time: ___ 7:50-11:30 ___ 7:50-2:30

Ethnic Group-for reporting purposes only, please check most characteristic: ___ Alaskan/Native American
___ Asian/Pacific Islander ___ Black/African-American ___ Hispanic ___ White/Caucasian/Middle Eastern
___ Bi-racial (Specify : _____)

Religion _____

Baptism _____
(Date) (Church) (City, State)

Does your child have any medical restrictions? Yes _____ NO _____

If yes, please list them _____

To be eligible to enroll at St. Mary's Visitation School, your child must be at least 3 years of age by September 1, and toilet trained. Pull-Ups are not allowed

New Student Admission Policy: The following priorities will be used to determine admission to full classes at St. Mary's Visitation School.

1. Families who already have children enrolled in the school will have first opportunity and preference for the seating of additional family children. No preference will be given to current families if registration forms and fees are not submitted by the Wednesday preceding Catholic Schools Week.
2. Families new to the school will have the opportunity to register beginning with the Open House held during Catholic Schools Week. New registrations will be handled utilizing the following guidelines:
 - a. Preference is given to families who are active (time, talent, and/or treasure) St. Mary's Visitation parishioners, according to the date they registered in the parish.
 - b. Given that we are a Catholic parish based school, preference will be given to Catholic vs. non-Catholic families. Non-parishioner, Catholic Families who live within the geographic area are given preference over those who do not live in the area.
 - c. Among St. Mary's Visitation parishioners, preference will be given families who live in the geographic boundaries for the Elmbrook and/or Wauwatosa School Districts since there are a number of benefits available to St. Mary's Visitation School by virtue of its geographic location within those school districts.

Please return this form to:
St. Mary's Visitation School
13000 Juneau Blvd.
Elm Grove, WI 53122

For School Office Use
Date _____
Received _____
Check# _____

Amount _____
Parishioner Status Verified _____
Date Sent for Records _____
Date Records Received _____

Part Two- Parent Information

Father's Information

Name _____
(First) (Middle) (Last)

Home Address _____
(City, State) (Zip Code)

Place of Employment _____ Occupation/Position _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail Address _____

Religion _____ St. Mary's Visitation Parishioner? _____ Yes _____ No

Parish, if not St. Mary's Visitation _____

St. Mary's Visitation Alumnus? _____ If yes, class year _____

Mother's Information

Name _____
(First) (Middle) (Last)

Home Address _____
(City, State) (Zip Code)

Place of Employment _____ Occupation/Position _____

Home Phone _____ Cell Phone _____ Work Phone _____

E-Mail Address _____

Religion _____ St. Mary's Visitation Parishioner? _____ Yes _____ No

Parish, if not St. Mary's Visitation _____

St. Mary's Visitation Alumnus? _____ If yes, class year _____

Marital Status of Parents _____ Married _____ Separated _____ Divorced _____ Single

Child resides with: _____
(Name/s) (Relationship)

Who has legal custody of the child? _____

Language spoken at home _____

Sibling Information

Name _____ Birth date _____ Current School _____

Name _____ Birth date _____ Current School _____

Name _____ Birth date _____ Current School _____

NOTE: PLEASE SUBMIT A COPY OF BAPTISMAL CERTIFICATE FOR EACH CHILD WITH REGISTRATION FORM