

ST. MARY'S VISITATION

Catholic School  Elm Grove, WI

New Student Application

Thank you for your interest! Completion of this application is the first step in the registration process at St. Mary's Visitation Catholic School (SMV). *It does not guarantee enrollment.*

If you have more than one child to register, please complete a separate form for each child

Date: _____

Student Information

Child's Grade for 2024-25 School Year (list grade): _____

Or, check one of the following kindergarten options: (Full day or Half day options available in K3 and K4. Half day is 7:45am - 11:30am. Full day rate charged for both options. You are allowed to switch options during the school year.)

K3 - 2 days (T, TH) K3 - 3 days (M, W, F) K3 - 5 days (M-F) - AND - Half day or Full day

K4 - AND- Half day or Full day

K5 Only full day option for K5

Child's Name: _____
Last First Middle

Date of Birth (Month/Day/Year) ___/___/___

Home Address _____ City _____ Zip Code _____

Complete each section:

Male Hispanic/Latino Catholic
 Female Not Hispanic/Latino Non-Catholic

American Indian or Alaska Native Multi-Racial
 Asian Native Hawaiian/Other Pacific Islander
 Black/African American White

(Race and Ethnicity information is needed for national record-keeping purposes)

Child's Sacramental Preparation:

Baptism: Yes (location below) No First Reconciliation: Yes No
Parish: _____ First Communion: Yes No

Name of School last attended (if applicable): _____

School Address _____ City _____ State _____ Zip Code _____

Why are you interested in transferring to SMV?

My child has an IEP, Service Plan, or receives separate specialized services (ie. Speech, OT, other):

Yes (describe) No

My child has physical, medical or other restrictive conditions (including allergies) Yes (describe) No

Parent/Legal Guardian Information

Father/Legal Guardian

Last name First name
Student Lives with me: Yes No

Address (complete if different than student): City State Zip Code

Email Cell phone #

Occupation/Business Work phone #
 Catholic Non-Catholic _____ Registered SMV Parish Member: Yes No

Mother/Legal Guardian

Last name First name Maiden Name
Student Lives with me: Yes No

Address (complete if different than student): City State Zip Code

Email Cell phone #

Occupation/Business Work phone #
 Catholic Non-Catholic _____ Registered SMV Parish Member: Yes No

Who should be the Primary Contact for attendance and emergencies? _____

List the names and ages of All children in your family (list oldest child first):

Language(s) spoken at home: _____

Is there anything else you would like us to know about your child/family?

I certify that information provided in this form is complete, true, and correct, to the best of my knowledge:
Signature: _____
(Sign/ type name of person filling out form)

Once your application is received and reviewed, we will follow up with you. You will then be sent a link to our Give Central portal for payment of the fee to hold your registration. Current registration fees are:
\$115 - 1 child \$220 - 2 children \$310 - 3 or more children

Contact us at 262-782-7057 with questions. This form must be submitted to the School Office.
Drop off or send to: jnordstrom@stmaryeg.org (Indicate **New Student Application** in email subject line.)

Thank you for your interest in St. Mary's Visitation!

For School Office Use Only:
Date received: _____ Fee paid: _____ Birth Cert.: _____ Baptismal Cert.: _____ Immunizations: _____