

# ST. MARY'S VISITATION

Catholic School  Elm Grove, WI

## 2025-26 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.* Complete a separate form for each child

Date: \_\_\_\_\_

### Student Information

Child's Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Date of Birth (Month/Day/Year) \_\_\_\_/\_\_\_\_/\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Child's Grade for 2025-26 School Year (list grade): \_\_\_\_\_

Or, check one of the following kindergarten options: (Full day or Half day options available in K3 and K4. *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*

Complete **each** shaded section below: *(Race and Ethnicity information is needed for national record-keeping purposes)*

Male    Hispanic/Latino    Catholic  
 Female    Not Hispanic/Latino    Other: \_\_\_\_\_

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

### 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

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## Parent/Legal Guardian Information

### Father/Legal Guardian

Last name		First name	
Student lives with me: <input type="checkbox"/> Yes		<input type="checkbox"/> No	
Address (complete if different than student):		City	State Zip Code
Email		Cell phone #	
Occupation/Business		Work phone #	
<input type="checkbox"/> Catholic <input type="checkbox"/> Other: _____		Registered SMV Parish Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	

### Mother/Legal Guardian

Last name		First name	Maiden Name
Student lives with me: <input type="checkbox"/> Yes		<input type="checkbox"/> No	
Address (complete if different than student):		City	State Zip Code
Email		Cell phone #	
Occupation/Business		Work phone #	
<input type="checkbox"/> Catholic <input type="checkbox"/> Other: _____		Registered SMV Parish Member: <input type="checkbox"/> Yes <input type="checkbox"/> 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 registration fee to hold your registration. 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](mailto:jnordstrom@stmaryeg.org) (Indicate **New Student Application** in email subject line.)

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

2025-2026 SMV New Student application

St. Mary's Visitation Catholic School, 13000 Juneau Blvd., Elm Grove, WI 53122