

OFFICE USE ONLY	
Received Date	_____
Check #	_____
Check Amount	_____
Voucher	<input type="checkbox"/> Yes <input type="checkbox"/> No

RE-REGISTRATION 2017-2018

Please return to the school office by April 17, 2017.

Registration fee must accompany this form to ensure enrollment.

Registration fee will be applied towards next year's tuition.

Family Name: _____

Father's Name	_____	Mother's Name	_____
Father's Address	_____	Mother's Address	_____
Father's City, State, Zip	_____	Mother's City, State, Zip	_____
Father's Home Phone	_____	Mother's Home Phone	_____
Father's Cell Phone	_____	Mother's Cell Phone	_____
Father's Email	_____	Mother's Email	_____

Father Completed SafeGuarding Class Yes No **Mother Completed SafeGuarding Class** Yes No

Child/ren primarily lives with:

Both Parents Father Mother Other _____

School District Family resides in:

Kettle Moraine Waukesha Mukwonago Other _____

Check One: CATHOLIC NON-CATHOLIC

Members of St. Paul's Parish: Yes No We are members of _____ Parish.

Child/ren being re-registered:

Student's Full Name	Birth Date	Grade in Fall	Grade K4 only: KM Community Partner?	Grade K4 only: Mukwonago Community Partner?	Race/ Ethnicity (optional)
		<input type="checkbox"/> K3 am <input type="checkbox"/> K3 Full Day <input type="checkbox"/> K4 am <input type="checkbox"/> K4 Full Day <input type="checkbox"/> K5 Full Day <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> K3 am <input type="checkbox"/> K3 Full Day <input type="checkbox"/> K4 am <input type="checkbox"/> K4 Full Day <input type="checkbox"/> K5 Full Day <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> K3 am <input type="checkbox"/> K3 Full Day <input type="checkbox"/> K4 am <input type="checkbox"/> K4 Full Day <input type="checkbox"/> K5 Full Day <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> K3 am <input type="checkbox"/> K3 Full Day <input type="checkbox"/> K4 am <input type="checkbox"/> K4 Full Day <input type="checkbox"/> K5 Full Day <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Students *not* registering:

<i>Student Name</i>	<i>Birth Date</i>	<i>Grade in Fall</i>	<i>Reason</i>

NON-REFUNDABLE REGISTRATION FEE: ***Make checks payable to St. Paul School***
 One child fee: \$100.00 (\$125 after 04/17/17) Family of two or more: \$200.00 (\$225.00 after 04/17/17)

PARENTAL AGREEMENT

I/We hereby promise that I/we will pay the tuition established by the School Board for the education of my/our child(ren) in a timely manner. Parents agree that they and their child/ren will abide by the policies and procedures that may be adopted from time to time by the archdiocese or the school, particularly those set forth in the school's handbook.

Parent's Signature _____ Date _____

Parent's Signature _____ Date _____