ST. FRANCIS SCHOOL - GRADE 4YK-5
2023-2024 STUDENT APPLICATION FOR REGISTRATION

STUDENT: _____ MALE / FEMALE BIRTHDATE: _____ ENTERING GRADE: _____
LAST FIRST MIDDLE

ADDRESS: _____ CITY: _____, WI ZIP: _____ TOWNSHIP: _____

HOME TELEPHONE: _____ RELIGION: _____ PARISH: _____

PLACE OF BIRTH: CITY:_____ COUNTY: _____ STATE: _____

STUDENT LIVES WITH (CIRCLE ONE): BOTH PARENTS FATHER MOTHER ALTERNATES WITH FATHER/MOTHER OTHER

IS THERE A CHILD CUSTODY DECREE IN EFFECT? _____ IF YES, A COPY OF THAT PORTION OF THE DECREE NEEDS TO BE ON FILE AT ST. FRANCIS.

FATHER: _____ HOME PHONE: _____ RELIGION: _____
LAST FIRST MIDDLE

ADDRESS: _____ CITY: _____ ZIP: _____

PLACE OF EMPLOYMENT: _____ CITY: _____ WORK PHONE: _____

OCCUPATION: _____ CELL: _____ EMAIL: _____

MOTHER: _____ HOME PHONE: _____ RELIGION: _____
LAST FIRST MIDDLE

ADDRESS: _____ CITY: _____ ZIP: _____

PLACE OF EMPLOYMENT: _____ CITY: _____ WORK PHONE: _____

OCCUPATION: _____ CELL: _____ EMAIL: _____

PLEASE LIST ALL OTHER FAMILY MEMBERS WHO ARE 4YK-12 STUDENTS IN THE ELLSWORTH COMMUNITY SCHOOL DISTRICT:

NAME: _____ GRADE: _____ SCHOOL: _____

NAME: _____ GRADE: _____ SCHOOL: _____

NAME: _____ GRADE: _____ SCHOOL: _____

ADDITIONAL STUDENT INFORMATION: BAPTISM

CHURCH: _____ CITY: _____ STATE: _____ DATE: _____

PARENT SIGNATURE: _____ DATE: _____