



REGISTRATION INFORMATION

St Rose St Mary's School
140 Auto Street • Clintonville, WI 54929 • 715-201-9913

STUDENT who will be *Sharing the SPIRIT* _____

Last First Middle

Grade Entering _____ Gender _____ Parish Membership _____

Place of Birth _____ Birth Date _____
City State Month/ Day / Year

Race: ___ Caucasian ___ African American ___ Hispanic ___ American Indian/Alaskan Native ___ Asian ___ Other

Previous School _____
Name City State

Home Address _____
Street City State/Zip Code

If Different
Mailing Address _____
Street City State/Zip Code

County of Residence _____ Home public school district _____

Primary Contact Person for this Student _____

Preferred Phone Number _____ (home/cell/work)

Email Address _____ @ _____

Father/Guardian Name _____ Religion _____

Employer _____ Working Hours _____

Work Phone _____ I can be contacted at work

Cell Phone _____ Email _____

Mother/Guardian Name _____ Religion _____

Employer _____ Working Hours _____

Work Phone _____ I can be contacted at work

Cell Phone _____ Email _____

Marital Status of Parents: Married Single Widowed Divorced Separated

Custodial Parent _____

Step Father _____ Step Mother _____

SIBLINGS

Name Gender Birth Date

Name Gender Birth Date

Name Gender Birth Date

STUDENT who will be *Sharing the SPIRIT* _____

| | | |
|-----------------------------|------------------|----------------------------------|
| BAPTISM | | |
| Parish _____ | City/State _____ | REQUIRED: Month/ Day/ Year _____ |
| FIRST RECONCILIATION | | |
| Parish _____ | City/State _____ | REQUIRED: Month/ Day/ Year _____ |
| FIRST EUCHARIST | | |
| Parish _____ | City/State _____ | REQUIRED: Month/ Day/ Year _____ |

BAPTISMAL CERTIFICATE ON FILE WITH ST ROSE ST MARY'S SCHOOL? ____ Yes ____ No

| | | | | |
|---|---|------------------------------------|---|---|
| HEALTH HISTORY (Check all that apply) | | | | |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Migraines | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hearing Impairment |
| <input type="checkbox"/> Heart | <input type="checkbox"/> Bleeding Disorders | <input type="checkbox"/> Seizures | <input type="checkbox"/> Surgery | <input type="checkbox"/> Physical Handicap |
| <input type="checkbox"/> Kidney/Bladder | <input type="checkbox"/> Cancer | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Sight Impairment | <input type="checkbox"/> Other |
| Please explain any boxes checked _____ | | | | |
| _____ | | | | |
| _____ | | | | |
| ALLERGIES | | | | |
| <input type="checkbox"/> Drug Allergies - List _____ | | | | |
| <input type="checkbox"/> Food Allergies - List _____ | | | | |
| <input type="checkbox"/> Bee Sting _____ | | | | |
| EMERGENCY CONTACT(S) if parent/guardian is not available | | | | |
| NAME _____ | | Relationship _____ | | |
| Home phone _____ | | Cell _____ | Work _____ | |
| NAME _____ | | Relationship _____ | | |
| Home phone _____ | | Cell _____ | Work _____ | |
| FAMILY PHYSICIAN _____ | | Phone _____ | | |
| Clinic and Address _____ | | | | |
| DENTIST _____ | | Phone _____ | | |
| OPTOMETRIST _____ | | Phone _____ | | |

STUDENT'S NORMAL TRANSPORTATION TO/FROM SCHOOL

Coming to School: Bus Private Car Walk
Going Home: Bus Private Car Walk

Parent/Guardian who completed this form (Please print) _____

SIGNATURE _____ Date _____



LIABILITY WAIVER 2017-2018

St Rose St Mary's School
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STUDENT Name _____ Birth Date _____ Grade _____

Parent/Guardian Completing Form: _____

Home Address _____
Street City State/Zip Code

Home phone: _____ Work phone _____

FIELD TRIP PERMISSION

INITIALS I grant permission for my child named above to participate in any event organized by St Rose St Mary's School during the 2017-18 school year. If the event is off-site, I also grant permission for my child to be transported by any means of official transportation organized by St Rose St Mary's School or their representatives.

HOLD HARMLESS AGREEMENT

INITIALS As parent/guardian, I remain legally responsible for any personal actions taken by my child (student named above). I agree on behalf of myself, my child, or our heirs, successors, and assigns, to hold harmless and defend St Rose St Mary's School, its officers, directors, employees and agents, and the Diocese of Green Bay, its employees and agents, chaperones, or representatives associated with the event, from any claim arising from or in connection with my child attending the event or in connection with any illness or injury (including death) or cost of medical treatment in connection therewith, and I agree to compensate the parish/school, its officers directors and agents, and Diocese of Green Bay its employees and agents and chaperones, or representative associated with the event for reasonable attorney's fees and expenses which may incur in any action brought against them as a result of such injury or damage, unless such claim arises from the negligence of the parish/school or the Diocese of Green Bay.

MEDICAL RELEASE

INITIALS My signature below empowers St Rose St Mary's School authorities to exercise their own judgment in calling the physician listed on my child's registration form, or if not available, to transport the student to the hospital emergency department if medical attention is deemed necessary. I understand that I will be contacted immediately.

MEDIA RELEASE

INITIALS This authorization form constitutes permission for my child's participation in videotaping, photographs, quotes which may be obtained during a school sponsored event. These could be used for further promotional videos, website promotions, flyers, or other diocesan or parish appropriate uses.

PERSONS AUTHORIZED TO PICK UP STUDENT

St Rose St Mary's School personnel have my permission to release my child to the following person.

Name _____ Relationship _____

My signature below acknowledges my understanding and authorizes St Rose St Mary's School as described in each section above unless otherwise noted on this form.

SIGNATURE _____ Date _____

Enclosed is the \$50 non-refundable registration fee which will be applied to tuition. (Received by _____)