



Assumption Catholic Schools
445 Chestnut Street, Wisconsin Rapids, WI 54494
Phone: 715-422-0901
Fax: 715-422-0936
www.AssumptionCatholicSchools.org

New Student Enrollment Application: 2015-2016

Please complete one form for each **NEW** student including all **Kindergarten** students.
Complete address and parent information is required on each form for each student.

Parent/Guardian Information:

Mother's/Guardian's Name: _____ Home Phone: _____
(Cell): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Occupation: _____ Work Phone: _____

Employer: _____ Work Address: _____

Religion: _____ Parish: _____ #Yrs./Parish: _____

Father's/Guardian's Name: _____ Home Phone: _____
(Cell): _____

Street Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Occupation: _____ Work Phone: _____

Employer: _____ Work Address: _____

Religion: _____ Parish: _____ #Yrs./Parish: _____

If applicable, custodial parent name: _____

As a condition of enrollment, a copy of that portion of the custody decree that indicates who has primary placement as well as a copy of the current custody agreement must be on file in the school office.

New Student Information:

Name: _____ 2015-2016 Grade Entering: _____

Date of Birth: ____-____-____ Gender: Female ___ Male ___ Ethnicity: _____

Social Security #: ____-____-____ Last School Attended: _____

Student lives with: Both Parents ___ Mother ___ Father ___ Other _____

Please complete BOTH SIDES of this form.

Sacramental Information for New Student:

Baptism: _____ Month/Date/Year	Parish: _____ Name of Parish City & State
First Reconciliation: _____ Month/Date/Year	Parish: _____ Name of Parish City & State
First Communion: _____ Month/Date/Year	Parish: _____ Name of Parish City & State
Confirmation: _____ Month/Date/Year	Parish: _____ Name of Parish City & State

Do you wish to be listed in the Family Directory? YES NO
Families that do not respond will not be listed.

Is there a family or business that was instrumental in your decision to enroll your child/children in ACS?

If yes, please name: _____

New Student Enrollment Fee Information

You may submit ONE check for your family enrollment fee(s), but you must complete a SEPARATE FORM for each new student, including kindergarten. **New Student Enrollment fee** for each new student is \$100.

Total Enclosed \$ _____ Check #: _____
Please make checks payable to "ACS"

Please note; check if applicable:

This enrollment is for a new student with siblings currently attending ACS (**No need for fee**).

Enrollment is not complete until this New Student Enrollment Application Form and your Tuition Agreement are completed, signed by you, and approved by Central Office.

**Submit New Student Enrollment Application and fee (if applicable) to: ACS Administrative Offices
Attention: Brenda Walczak
445 Chestnut Street
Wisconsin Rapids, WI 54494**

Transfer students should review WIAA transfer policies regarding athletic eligibility. A summary is available at <http://www.wiaawi.org>

We agree to comply with all regulations and procedures set forth by the Assumption Catholic Schools Deanery and the Diocese of La Crosse. We agree to participate, cooperate, and assist the administration, faculty, and staff in promoting the spiritual, moral, and academic standards set forth by the Assumption Catholic Schools Deanery.

Mother/Guardian Signature: _____ Date: _____

Father/Guardian Signature: _____ Date: _____

ACS Administrative Office Use:

Date Received _____ RenWeb _____ Controller _____