

## 2015-16 Student Registration

Complete all sections of the registration form and submit to the school office with a **non-refundable \$80.00 registration fee per child to: All Saints Catholic School.**

### Attention 4K Applicants

Please complete the entire application for ASCS and register with the Berlin Area School District. We can only apply for site preference if we have an ASCS registration on file. You must also be a parishioner of All Saints Parish and/or currently have a student enrolled at ASCS in PS-8. There is no cost or registration fee for 4 year old Kindergarten.

**Both the registration form and registration fee are required to reserve a classroom assignment. Preference will be given to current ASCS families and All Saints Catholic Parish parishioners in the event that classes exceed enrollment maximums.**

**Financial assistance applications are available in the school office.**

### *ASCS Admission Statement:*

*All Saints Catholic School respects the dignity of each person and therefore will not bar admission to any child because of race, nationality, sex or physical disabilities. No student is denied the rights, privileges, programs and activities generally accorded or made available to students at this school on the basis of their race, nationality, sex or physical disabilities. All Saints Catholic School does not discriminate on the basis of race, nationality, sex or physical disabilities in administration of its educational policies, admission policies, scholarship or loan programs and athletic and school administered programs. Furthermore, All Saints Catholic School does not discriminate on the basis of sex in its educational and employment policies and practices, except where they are exempt from compliance by religious tenets.*

*All Saints Catholic School offers a Christ-centered education that develops the academics, morals, and values needed for students to reach their full potential.*

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# All Saints Catholic School

151 S. Grove Street Berlin, WI 54923

Phone: (920) 361-1781

Fax: (920) 361-7379

Date/Time: \_\_\_\_\_

## Student (1) Name:

\_\_\_\_\_

(Last)

(First)

(Middle)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

(Month/Day/Year)

(City)

(State)

Preferred Name: \_\_\_\_\_

(Gender - please circle) Female

Male

Home Telephone: \_\_\_\_\_

Does the student have any health concerns or special needs? If so, please list

\_\_\_\_\_  
\_\_\_\_\_

Mailing  
Address:

\_\_\_\_\_

(Number and Street)

(City)

(State)

(Zip Code)

Physical  
Address (If Different) :

\_\_\_\_\_

(Number and Street)

(City)

(State)

(Zip Code)

Grade Entering: \_\_\_\_\_

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## Student Demographics

(Confidential and for statistical reporting purposes only)

Ethnicity:

- Hispanic or Latino
- Non-Hispanic or Latino

Race:

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

Primary Language Spoken at home \_\_\_\_\_

Student's Religion: \_\_\_\_\_

Received: Baptism (date) \_\_\_\_\_ (Location) \_\_\_\_\_

1<sup>st</sup> Eucharist (date) \_\_\_\_\_ 1<sup>st</sup> Reconciliation (date) \_\_\_\_\_

Include in School Directory: (Name, address and phone)    yes | no

Include in school promotions including pictures on the school website or Facebook    yes | no

Date/Time: \_\_\_\_\_

**Student (2) Name:**

\_\_\_\_\_  
(Last) (First) (Middle)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Month/Day/Year) (City) (State)

Preferred Name: \_\_\_\_\_

(Gender - please circle) Female Male

Home Telephone: \_\_\_\_\_

Does the student have any health concerns or special needs? If so, please list

\_\_\_\_\_  
\_\_\_\_\_

Mailing  
Address:

\_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

Physical  
Address (If Different) :

\_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

Grade Entering: \_\_\_\_\_

## Student Demographics

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Include in School Directory: (Name, address and phone) yes | no

Include in school promotions including pictures on the school website or Facebook yes | no

**Contact 1:**

Parent / Guardian: \_\_\_\_\_  
(First Name) (Last Name)

**Mailing**

Address (if different than student):

\_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Custodial Status: Custodial Parent/Guardian Non-custodial Parent Emergency only  
(Please circle)

Relationship: \_\_\_\_\_ Lives with: Yes / No

Receives Mail: Yes / No Disciplinary Contact: Yes / No

Can Pick-up: Yes / No Responsible for Tuition: Yes / No

Parish/Church: \_\_\_\_\_ Active: Yes / No

**Contact 2:**

Parent / Guardian: \_\_\_\_\_  
(First Name) (Last Name)

**Mailing**

Address (if different than student):

\_\_\_\_\_  
(Number and Street) (City) (State) (Zip Code)

Employer: \_\_\_\_\_

Email: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Custodial Status: Custodial Parent/Guardian Non-custodial Parent Emergency only  
(Please circle)

Relationship: \_\_\_\_\_ Lives with: Yes / No

Receives Mail: Yes / No Disciplinary Contact: Yes / No

Can Pick-up: Yes / No Responsible for Tuition: Yes / No

Parish/Church: \_\_\_\_\_ Active: Yes / No



**Emergency Contacts:** (In the event parents cannot be reached)

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(Name) (Relationship) (Phone)

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(Name) (Relationship) (Phone)

**Please notify the school office (at the time of registration) if you require school-related communications sent to multiple emails and/or mailing addresses.**

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**Signature of Parent/Guardian**

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**Date**