



St. Alphonsus Catholic School | New Family Registration Form

Please include your child's birth certificate, baptismal certificate (if applicable), immunization record, and the nonrefundable registration fee of \$75 with this form and mail it to or drop it off in the St. Alphonsus Catholic School Office. Our mailing address is 6000 W. Loomis Road, Greendale, WI 53129. Phone: 414-421-1760.

Today's Date: ____ / ____ / ____

Student Information		
Legal Name		
Primary Address (Street Address/City/Zip)		
Date of Birth (mm/dd/yyyy): ____ / ____ / ____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Religion:
Grade in 2025-2026 School Year:	3K Preference (circle): 5 Days (M-F) 3 Days (M-W-F) 2 Days (T-Th)	
Is the student Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No	Race: <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian/other Pacific Islander	

Parent/Guardian 1	
Name (Last, First):	
Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other	
Address (if different than student's primary address):	City/State/Zip:
Home/Cell Phone:	Employer:
Occupation:	Religion:
Email Address:	

Parent/Guardian 2	
Name (Last, First):	
Relationship to Student: <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Other	
Address (if different than student's primary address):	City/State/Zip:
Home/Cell Phone:	Employer:
Occupation:	Religion:
Email Address:	

Please complete back of form

Last School Student Attended:			
Address:		City/State/Zip:	
Has your child been subject to disciplinary action by school officials?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please explain:			
Please indicate any special education needs:			
Does your child have an individualized education plan (IEP)?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child ever been held back/retained?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has your child ever been expelled or are they pending expulsion?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Please describe any health concerns:			
Is your family a registered member of St. Alphonsus Parish?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If no, are you a member of another parish? Please list:			
For children entering third grade and above, have they received First Communion and/or First Reconciliation?			
First Communion	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Church/City/State:
First Reconciliation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date:	Church/City/State:

Signatures	
As parent/legal guardian, I verify that all the information on this form is true to the best of my knowledge.	
Signature:	Date:
Signature:	Date:

For Office Use Only

Birth Certificate Date _____ City _____ State/Country _____

Baptism Date _____ City _____ State/Country _____

Immunization Record _____

Registration Fee \$75 Paid _____ ☐ Cash ☐ Check # _____ Date _____