

ST. PAUL'S REGISTRATION FORM

126 South Payne Street
NEW ULM, MN 56073

General Child Information

Child's Name _____
First Last

Address _____
Street/Box/Apt. City State ZIP

Date of Birth ____/____/____
Mo. Day Year

Place of Birth _____
City State

Baptized? (circle one) Yes No

Date of Baptism ____/____/____
Mo. Day Year

Grade level for which the student is applying: K 1 2 3 4 5 6 7 8

General Parent/Guardian Information

Father's Name _____
First Last

Address (if different from above) _____
Street/Box/Apt. City State ZIP

Church Membership and/or active participation (if none, write "none") _____

Phone (____) _____ E-mail address _____

Mother's Name _____
First Last Nee

Address (if different from above) _____
Street/Box/Apt. City State ZIP

Church Membership and/or active participation (if none, write none) _____

Phone (____) _____ E-mail address _____



Academic Information

Has your child ever received any special assistance in school with regard to: (check all that apply and comment, if none write "none")

Academics

Social

Behavioral

Administrative Information

Have the following school policies been explained as outlined in the *Parent Information Booklet*?

- | | | |
|--------------------------------------|-----|----|
| • Attendance and absence policies | Yes | No |
| • Religion requirements | Yes | No |
| • Enrollment policies | Yes | No |
| • Tuition schedule and payment plans | Yes | No |
| • Discipline policies | Yes | No |

Reasons for application:

Previous school

Name _____

Address _____

Phone _____

Email _____