



SAINT EDWARD SCHOOL

N2944 State Road 47, Appleton, WI 54913

920-733-6276 www.stedwardk5.org

2021-2022 Registration Form

NEW STUDENT INFORMATION

Student Name (Last, First, Middle)

Home Address (Number, Street, City, State, Zip)

Student Date of Birth

Student Gender

Male Female

School District Child Resides In

Student Registering for Grade:

- 3K AM Tue/Wed/Thur (8:00am – 10:55am)
- 3K All Day Tues/Wed/Thur (8:00 am – 3:00 pm)
- 4K AM (7:50 am – 10:55 am)
- 4K PM Faith Academy (11:00 am – 3:00 pm)
- 3K/4K Friday All Day (7:45 am – 3 pm)

- Kindergarten
- Grade 1
- Grade 2
- Grade 3
- Grade 4
- Grade 5

Student Religious Affiliation

If Catholic, name of church where you are registered

Has Student been Baptized?

Baptism Date, if applicable

Baptism Location, if applicable

Has Student received First Holy Communion?

Date

Location

Student Race/Ethnic Origin

- White
- Hispanic
- Asian
- Black or African American
- Multiracial
- American Indian/Alaskan
- Native Hawaiian/Other Pac Islander
- Other

Student's Siblings

Name	Date of Birth	School

Student's Former School (if applicable)

School Name	City	State

MEDICAL TREATMENT RELEASE & HEALTH INFORMATION

I, _____ (Parent/Guardian), give St. Edward School and its designated representative permission to transport and sign all forms related to the necessary medical treatment for _____ (Child). I also permit any and all required medical treatment to be administered by qualified medical personnel, including calling 911.

Signature of Parent/Guardian

Date

List any/all medication student is taking:

List any/all known allergies, including food and medicines:

Please indicate any special needs or information necessary to ensure the appropriate medical attention is provided: