



ST. MARY SCHOOL - REGISTRATION FORM

315 West Cook Street Portage, Wisconsin 53901

Child's Name: _____ Sex: M F
Last First Middle

Address: _____ ZIP: _____

Phone: _____ Cell Phone: _____

Email Address: _____

School District of Residence: _____

Date of Birth: _____ Place: _____ Grade: _____

Primary Language Spoken In The Home: _____

Religion: _____ Ethnicity: _____

Baptism: _____
Name of Church Date City State

Father: _____
Last Name First Name Parish Membership

Mother: _____
(Mrs., Ms., Miss) Last Name First Name Maiden Name Parish Membership

Parents Are: Married Divorced Separated Widowed Other

Siblings (Name & Birth Date): _____

Is Father or Mother an alumni of St. Mary School? _____

If yes, years attended: _____