

MEQUON CAMPUS
 GRADES 4 - 8
 11300 N. ST. JAMES LANE
 MEQUON, WI 53092
 262.242.7960
 FAX: 262.512.8986
 GLORIA L. SCHUMACHER, PRINCIPAL

APPLICATION FOR ADMISSION



THIENSVILLE CAMPUS
 GRADES K3 - 3
 116 N. ORCHARD STREET
 THIENSVILLE, WI 53092
 262.242.7965
 FAX: 262.242.7976
 GLORIA L. SCHUMACHER, PRINCIPAL

STUDENT PERSONAL INFORMATION

CIRCLE GRADE: 3K: 2-DAY 3K: 3-DAY 4KAM 4KPM 5KAM 5K ALL DAY 1 2 3 4 5 6 7 8

(4K AND 5K PREFERENCE IS DEPENDENT UPON ENROLLMENT)

STUDENT'S LAST NAME FIRST M. (PREFERRED NAME)

HOME ADDRESS CITY ZIP PHONE CELL

NAME OF SCHOOL LAST ATTENDED CITY STATE ZIP

M OR F

DATE OF BIRTH (MO/DAY/YEAR) AGE AS OF 9/1 GENDER PLACE OF BIRTH (CITY AND STATE)

EMAIL ADDRESS: _____ RELIGION: _____

- ETHNICITY (CHECK ONE):
- | | | |
|---|---|---------------------------------------|
| <input type="checkbox"/> AMERICAN INDIAN | <input type="checkbox"/> ASIAN | <input type="checkbox"/> MULTI-RACIAL |
| <input type="checkbox"/> AFRICAN AMERICAN | <input type="checkbox"/> HISPANIC | <input type="checkbox"/> OTHER |
| <input type="checkbox"/> CAUCASIAN | <input type="checkbox"/> PACIFIC ISLANDER | |

HAS YOUR CHILD EVER BEEN IN A SPECIAL EDUCATION PROGRAM OR BEEN TESTED / RECOMMENDED TO BE IN ONE AT ANY TIME:

YES NO

(THIS INFORMATION IS USED ONLY TO COMPLETE ARCHDIOCESAN, STATE AND FEDERAL EDUCATION REPORTS.)

STUDENT SACRAMENTAL INFORMATION

DATE OF BAPTISM (MO/DAY/YEAR) NAME OF CHURCH CITY STATE

DATE OF FIRST COMMUNION (MO/DAY/YEAR) NAME OF CHURCH CITY STATE

DATE OF RECONCILIATION (MO/DAY/YEAR) NAME OF CHURCH CITY STATE

ARE YOU A REGISTERED PARISH MEMBER: YES HOW MANY YEARS? _____ NO

PLEASE COMPLETE ALL THAT APPLY:

STUDENT LIVES WITH:

BOTH PARENTS / SAME HOUSE FATHER MOTHER STEPFATHER
 STEPMOTHER GUARDIAN OTHER: _____

FATHER'S LAST NAME FIRST M RELIGION

FATHER'S OCCUPATION EMPLOYER EMPLOYER ADDRESS WORK PHONE NUMBER

MOTHER'S LAST NAME FIRST M MAIDEN RELIGION

MOTHER'S OCCUPATION EMPLOYER EMPLOYER ADDRESS WORK PHONE NUMBER

PLEASE PROVIDE THE NAME AND BIRTHDATES OF ALL CHILDREN IN FAMILY:

NAME / BIRTHDATE: _____ NAME / BIRTHDATE: _____
 NAME / BIRTHDATE: _____ NAME / BIRTHDATE: _____
 NAME / BIRTHDATE: _____ NAME / BIRTHDATE: _____

1. TO MEET THE EDUCATIONAL NEEDS OF THE LUMEN CHRISTI PUPILS, WE FOLLOW THE ARCHDIOCESE OF MILWAUKEE POLICY #5110 THAT STATES: ALL STUDENTS ARE ON PROBATION DURING THE FIRST SEMESTER OF THEIR ATTENDANCE AT A CATHOLIC SCHOOL.
2. LUMEN CHRISTI CATHOLIC SCHOOL ADMITS STUDENTS OF ANY RACE COLOR, AND NATIONAL OR ETHNIC ORIGIN.
3. TUITION AND FEES ARE AN ESSENTIAL PORTION OF THE SCHOOL BUDGET. LUMEN CHRISTI SCHOOL BILLS QUARTERLY WITH PAYMENTS DUE ON THE FIRST DAY OF SCHOOL, NOVEMBER 1, FEBRUARY 1, AND APRIL 1. (A NON-REFUNDABLE \$100 TUITION DEPOSIT COMPLETES THIS APPLICATION.)

 PARENT'S SIGNATURE

 DATE

FOR OFFICE USE ONLY

<input type="checkbox"/> ADMISSIONS COM. REVIEW	<input type="checkbox"/> DEPOSIT REC'D DATE: _____	<input type="checkbox"/> BAPTISMAL CERTIFICATE	<input type="checkbox"/> POWERSCHOOL ENTRY
<input type="checkbox"/> BIRTH CERTIFICATE	METHOD: _____	<input type="checkbox"/> ACCEPTED	<input type="checkbox"/> ACCEPTANCE LETTER
		<input type="checkbox"/> ON FILE LC PARISH	