



SAINT PATRICK CATHOLIC SCHOOL

325 Mansion Street Mauston, Wisconsin 53948 Telephone 608-847-5844 Fax 608-847-4103

FAMILY REGISTRATION FORM 2025/2026

FAMILY INFORMATION Current Family New Family (please check)

Father/Guardian #1:

Mother/Guardian #2:

Mr./Dr. _____
Last First

Mrs./Ms./Dr. _____
Last First Maiden Name

Address: _____

Address: _____

Home Phone: (____) _____ - _____

Home Phone: (____) _____ - _____

Occupation: _____

Occupation: _____

Employer: _____

Employer: _____

Work Address: _____

Work Address: _____

Work Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Cell Phone/Pager Number: (____) _____ - _____

Cell Phone/Pager Number: (____) _____ - _____

E-mail Address: _____

E-mail Address: _____

Religion: _____

Religion: _____

Registered Parish/Church: _____

Registered Parish/Church: _____

Each family must submit a \$100.00 per family non-refundable tuition deposit in order to complete the registration process.

FINANCIAL AID: Families must submit the registration form and fee before an application for financial aid can be considered.

Families should return all registration forms and fees together to: **Saint Patrick School**
325 Mansion Street
Mauston, WI 53948

We, the undersigned, certify that the information provided in this enrollment application is accurate and complete. Saint Patrick School retains the right to cancel enrollment at any time if this application contains false or misleading information. Upon admission to Saint Patrick School, we agree to comply with all the rules and regulations as set forth by Saint Patrick School. In addition, we agree to cooperate and assist the administration, faculty and staff in promoting the integrity and high spiritual, moral, and academic standards set forth by Saint Patrick School. We acknowledge that Saint Patrick School reserves the right to cancel enrollment at any time for reasons of academic, moral, or character deficiency as well as any actions detrimental to the Diocese of La Crosse, or the faculty, administration, staff, facilities and name of Saint Patrick School.

We have received a copy of and agree to abide by the St. Patrick Tuition Policy. Upon admission, the guardian(s) signing below accept financial responsibility for all tuition, fees, and charges on behalf of the named students. It is our obligation to make timely payments and we understand that late charges may be assessed to accounts in arrears. We further understand that if our account becomes severely delinquent, the school may withhold report cards, transcripts, and/or school records, our children may face suspension from attendance at school and/or may not be permitted to register for subsequent years. The school shall have the right to legal action for non-payment of tuition and fees.

The Signatures of both parents are required. In the case of divorce or separation, the parent(s) signing below accepts full financial responsibility.

Parent/Guardian Signature Date

Parent/Guardian Signature Date

Printed Name

Printed Name

Please complete BOTH SIDES of this form.

STUDENT INFORMATION

In any situation where there is a custody agreement, the parents MUST provide St. Pat's with the portion of that agreement that stipulates custody and any other information pertinent to the school. This requirement is a condition of enrollment. In the case of divorce or separation, please indicate the custodial parent for each child.

STUDENT # 1

Student Name: _____
Last First Middle

2025/2026 Grade Entering: _____ Student's Date of Birth: ____/____/____ Gender: _____

STUDENT # 2

Student Name: _____
Last First Middle

2025/2026 Grade Entering: _____ Student's Date of Birth: ____/____/____ Gender: _____

STUDENT # 3

Student Name: _____
Last First Middle

2025/2026 Grade Entering: _____ Student's Date of Birth: ____/____/____ Gender: _____

STUDENT # 4

Student Name: _____
Last First Middle

2025/2026 Grade Entering: _____ Student's Date of Birth: ____/____/____ Gender: _____

STUDENT # 5

Student Name: _____
Last First Middle

2025/2026 Grade Entering: _____ Student's Date of Birth: ____/____/____ Gender: _____

Please provide a birth certificate, baptismal certificate and immunization record.

Please attach additional forms if applying for multiple children.

Every Catholic School in the La Crosse Diocese respects the dignity of each individual and therefore will not discriminate on the basis of race, nationality or sex in regard to enrollment. The Diocese of La Crosse has the obligation to publicize its nondiscrimination policies. DSP5101