

Date Received (office use) \_\_\_\_\_

**621 South Third Street** **ST CROIX CATHOLIC SCHOOL** **(651) 439-5581**  
**Stillwater MN 55082**

**To complete enrollment, please include with this form:**  
**\$125.00 New Student Fee; \$100.00 Tuition Deposit. One check for \$225.00 can be made out to SCCS.**  
**The New Student Fee and Tuition Deposit are non-refundable unless we are unable to place the student.**

**NEW STUDENT ENROLLMENT FORM**

**Student's Name** \_\_\_\_\_ M \_\_\_\_ F \_\_\_\_

Student will be entering grade \_\_\_\_\_ in September of (please circle) 2012; 2013; 2014

Birthdate \_\_\_\_\_ Birthplace (City & State) \_\_\_\_\_

Student's Address \_\_\_\_\_

Street City State Zip

Telephone \_\_\_\_\_

Student's religion \_\_\_\_\_ Parish \_\_\_\_\_ Parish Envelope # \_\_\_\_\_

School last attended \_\_\_\_\_

Address of last school attended \_\_\_\_\_

Sacraments Date Church City State

Baptism \_\_\_\_\_

First Communion \_\_\_\_\_

Confirmation \_\_\_\_\_

Mother/Guardian's Name _____	Does child live with Mother/Guardian? ____
Mother/Guardian's Address _____	
Street City State Zip	
Home Telephone _____	Religion _____
Place of Employment _____	
Work Telephone _____	
<b>If child does not live with Mother:</b> Should we contact in emergency? Yes ____ No ____	
Should we send mailings? Yes ____ No ____	

Father/Guardian's Name _____	Does child live with Father/Guardian? ____
Father/Guardian's Address _____	
Street City State Zip	
Home Telephone _____	Religion _____
Place of Employment _____	
Work Telephone _____	
<b>If child does not live with Father:</b> Should we contact in emergency? Yes ____ No ____	
Should we send mailings? Yes ____ No ____	

Siblings:	Name	Age	Birthdate	School

**Emergency contact** - In the case of Emergency when parents cannot be reached:

1. Contact person \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

**Special Health Considerations** \_\_\_\_\_

\_\_\_\_\_

**Educational Concerns that the school should know about** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please check *all* circumstances that apply:**

- \_\_\_\_\_ Student has a sibling who is a current student at SCCS.
- \_\_\_\_\_ Student has a sibling who is a former student of SCCS.
- \_\_\_\_\_ Student's parents/guardians are registered members of St. Michael's, St. Mary's, or St. Charles parish.
- \_\_\_\_\_ Student has a parent who is an alumni of SCCS
- \_\_\_\_\_ Student has a parent who is a former parishioner of St. Michael's, St. Mary's, or St. Charles.

In which school area do you live? *Circle one.*

- Afton Lakeland
- Andersen
- Lake Elmo
- Lily Lake
- Oak Park
- Marine
- Rutherford
- Stonebridge
- Withrow
- Valley Crossing
- Another District \_\_\_\_\_ (please indicate #)

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**New Student Fee Rec'd:** Yes \_\_\_\_\_ No \_\_\_\_\_

Amount \_\_\_\_\_ Date \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Initial \_\_\_\_\_

**Pre-registration Deposit Rec'd:** Yes \_\_\_\_\_ No \_\_\_\_\_

Amount \_\_\_\_\_ Date \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Initial \_\_\_\_\_