

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.**

**NEW STUDENT ENROLLMENT FORM**

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

Student will be entering grade \_\_\_\_\_ in September of (please circle) 2008; 2009; 2010

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 \_\_\_\_\_

**If child does not live with Mother:** 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 \_\_\_\_\_

**If child does not live with Father:** 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* \_\_\_\_\_