

# Most Precious Blood Parish Catholic School

120 E. Washington St.  
New London, WI 54961  
(920) 982-2134  
www.mostpreciousbloodschool.com  
mpbcs@mpbparishnl.org

# Registration Form 2022-2023 School Year 4K - 8th Grade

## Student Information:

Student Name: \_\_\_\_\_  
(Last) (First) (Middle)

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Religion: \_\_\_\_\_

Baptismal Date: \_\_\_\_\_ First Communion Date: \_\_\_\_\_

## Emergency Information:

First Call: \_\_\_\_\_ Phone #: \_\_\_\_\_

Second Call: \_\_\_\_\_ Phone #: \_\_\_\_\_

Third Call: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Physician/ Hospital: \_\_\_\_\_

## Please list any health problems/ medical conditions:

Allergies: \_\_\_\_\_

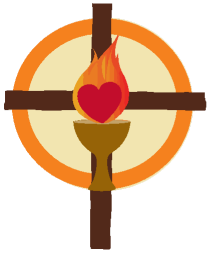
Medical Alerts: \_\_\_\_\_  
(i.e. diabetes, asthma, etc.)

Other Non- Medical Alerts: \_\_\_\_\_  
(i.e. custodial visitation rights)

\*\*\*Please provide a copy of immunization records from your doctor.\*\*\*

**Please include the non-refundable registration fee of \$100 per student which will be deducted from tuition.**

**Registration forms and fee can be mailed or dropped off at Most Precious Blood Parish Catholic School.**



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## New Family Form 2022-2023 School Year

### Guardian Information

#### Father/ Guardian Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Workplace/ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Religion: \_\_\_\_\_

#### Mother/ Guardian Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Workplace/ Occupation: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Religion: \_\_\_\_\_

### Sibling Information

(Other children in the home under 21)

Full Name	Birthdate	Male/ Female	Grade	School

### Current Parish

Parish: _____	City: _____	State: _____
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