



RONCALLI HIGH SCHOOL

2016-2017 Enrollment Contract

Student's Formal Name _____ Sex _____ Date _____
Last First Middle

Address _____ City _____ Zip _____

Telephone _____ School District in which you reside _____

Student Grade **for next year (2016-2017)** _____

School attended 8 th Grade _____	Student Birthdate _____
Father's Name _____	Mother's Name _____
Occupation _____	Occupation _____
Firm _____	Firm _____
Business Phone _____	Business Phone _____
Cell Phone _____	Cell Phone _____
Father's Religion _____	Mother's Religion _____
Parish and Location _____	Parish and Location _____
Living _____ Deceased _____	Living _____ Deceased _____
Parent e-mail _____	
Student is living with: Parents _____ Mother _____ Father _____ Guardian _____	
Current Grade & School of Younger Brothers: _____	
Current Grade & School of Younger Sisters: _____	
In case parents cannot be reached, alternate person who can pick your student up if ill:	
Name _____ (Relationship) _____	
Phone _____	

A \$100 enrollment fee is required for each student. This deposit must accompany this form. The deposit is non-transferable and non-refundable.

Mother/Guardian Signature _____

Father/Guardian Signature _____

(CA)

**Please Return To:
Mrs. Cyndi Kraemer, Admissions
Roncalli High School
2000 Mirro Drive
Manitowoc WI 54220**