



Westside Catholic Enrollment Application 2025-2026

FAMILY DATA

Family Name _____

Parents: Together _____ Separated _____ Divorced _____ Deceased _____

Child(ren) Live With: Mother _____ Father _____ Both _____ Other _____

Father's Name _____ Religion _____

Address _____ Phone _____
(Street)

(City) (State) (Zip) Cell _____

Place of Employment _____ Occupation _____

Work Phone _____ Email _____

Parish _____ ☐ Registered Member

Step-Parent's Name _____ (if applicable)

Email _____ Cell Phone _____

Mother's Name _____ Religion _____

Address _____ Phone _____
(Street)

(City) (State) (Zip) Cell _____

Place of Employment _____ Occupation _____

Work Phone _____ Email _____

Parish _____ ☐ Registered Member

Step-Parent's Name _____ (if applicable)

Email _____ Cell Phone _____

MEDICAL / HEALTH DATA

Hospital Preference _____

Doctor _____ Phone _____

Dentist _____ Phone _____

Any known allergies, medications, special health or physical needs of students

If a parent cannot be reached, call:

_____ (Name) _____ (Phone) _____ (Relationship)

_____ (Name) _____ (Phone) _____ (Relationship)

List any other people allowed to pick up your child(ren):

Is there anyone not allowed to pick up your child(ren) from school? List name and relationship to students:

Siblings & Ages not enrolled at WCS _____

Do any of your child(ren) presently have a Service Plan (IEP, Speech, 504,...)? ____ Yes ____ No

_____ (Student) _____ (Test/Evaluation and Agency Administered By) _____ (Date)

_____ (Student) _____ (Test/Evaluation and Agency Administered By) _____ (Date)

Parent/Guardian Signature _____ Date _____

This signature verifies that all information is true and accurate.

STUDENT DATA

(Fill out a complete section for each student)

1 Student Full Name _____ M _____ F _____
(First) (Middle Name) (Last)

Date of Birth _____ Place of Birth _____
(Month) (Day) (Year) (City) (State)

Age as of July 31st _____ Applying for Grade _____ Student has been retained ___Yes ___No

Race ___White ___Native American ___African-American ___Asian ___Multi-Racial

Ethnicity ___Non-Hispanic ___Hispanic

Westside Catholic School admits students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students or schools.

Baptism _____
(Church) (City) (State) (Date)

First Communion _____
(Church) (City) (State) (Date)

2 Student Full Name _____ M _____ F _____
(First) (Middle Name) (Last)

Date of Birth _____ Place of Birth _____
(Month) (Day) (Year) (City) (State)

Age as of July 31st _____ Applying for Grade _____ Student has been retained ___Yes ___No

Race ___White ___Native American ___African-American ___Asian ___Multi-Racial

Ethnicity ___Non-Hispanic ___Hispanic

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Baptism _____
(Church) (City) (State) (Date)

First Communion _____
(Church) (City) (State) (Date)

3 Student Full Name _____ M _____ F _____
(First) (Middle Name) (Last)

Date of Birth _____ Place of Birth _____
(Month) (Day) (Year) (City) (State)

Age as of July 31st _____ Applying for Grade _____ Student has been retained ___Yes ___No

Race ___White ___Native American ___African-American ___Asian ___Multi-Racial

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