

## **New Student PowerSchool Enrollment Form**

Complete 1 per student, fill out, print and turn in to school office or  
e-mail to: [awillenborg@aquin.org](mailto:awillenborg@aquin.org)

**Full Student Name:**

--	--	--

First

Middle

Last

**Preferred Name if different:**

--

**Gender:**

- Male  
 Female

**Date of Birth:**

--	--	--

Month

Day

Year

**Entering Grade Level:**

--

**Parent Contact 1:** All school related  
information will be sent to this person.

**Relationship to child**

--	--

**Mailing Address:**

--

**E-mail address:**

--

**Parent Contact 2 if applicable:**

**Relationship to child**

--	--

**Mailing Address:**

--

**E-mail address:**

--

**Siblings at Aquin**

**Grade level**

--	--

**Resident County:**

- Dubuque
- Jackson
- Delaware
- Jones
- Other

**School District of Residence:**

- Western Dubuque
- Dubuque
- Other

**If new to Aquin, did your child(ren) attend another school before enrolling here?**

**Name of School:**

--