

Option C  Office Use Only TADS   
 Family Billing # : \_\_\_\_\_  
 Siblings Grade: \_\_\_\_\_  
 Tour/Screen: \_\_\_\_/\_\_\_\_ : \_\_\_\_  
 Start date: \_\_\_\_/\_\_\_\_ : \_\_\_\_



# St. Francis de Sales Parish School

Entering Grade: \_\_\_\_\_

## New Student Application Form

School Year 2020 - 2021

New  Returning

### Student Information

<b>Last Name</b>	<b>First Name</b>	<b>Middle</b>	<b>Nickname</b>	<b>Date Of Birth</b> ____/____/____ <small>(Month) (Day) (Year)</small>
<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>Home or Primary Phone</b> (____)____-____

<b>Gender:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b># Siblings:</b> _____ <input type="checkbox"/> None	<b>Family Parish and Church Membership</b>		
<b>Student Information</b>		<input type="checkbox"/> St. Francis de Sales Church Envelope # _____	<b>Mass Attendance:</b>	
<b>Social Security #:</b> _____ - _____ - _____ <input type="checkbox"/> None		Registered Member Since _____	<input type="checkbox"/> Regular	
<b>Religion:</b> <input type="checkbox"/> Catholic <b>Baptized:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes ____/____/____		<input type="checkbox"/> Other Parish: _____ <input type="checkbox"/> None	<input type="checkbox"/> Frequent	
<input type="checkbox"/> Other Religion: _____		<b>Special Medical Needs</b>		
<b>First Communion:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes <b>Confirmation:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes		<input type="checkbox"/> No <input type="checkbox"/> Yes (Indicate On Back)		
<b>Current School:</b> (Name) _____		<b>Student Ethnicity and Race</b>		
Grade: _____		<b>Hispanic:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address _____		<b>Haitian:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
Special Program(s): _____		<input type="checkbox"/> American Indian / Native Alaskan		
(see other side regarding accommodations)		<input type="checkbox"/> Asian		
<b>Emerg. Contact:</b> (other than parent) _____		<input type="checkbox"/> Black or African American		
Relationship: _____		<input type="checkbox"/> Native Hawaiian / Pacific Islander		
<b>Primary Phone #</b> (____)____-____ or (____)____-____		<input type="checkbox"/> White		
		<input type="checkbox"/> Multi-Racial (two or more races)		

<b>Current School:</b> (Name) _____		Grade: _____	
Address _____		Special Program(s): _____	
		(see other side regarding accommodations)	
<b>Emerg. Contact:</b> (other than parent) _____		Relationship: _____	
<b>Primary Phone #</b> (____)____-____ or (____)____-____			

### Custodial Parent / Guardian Information (student resides with)

<input type="checkbox"/> Deceased	<b>Father /Guardian</b>	<input type="checkbox"/> Stepfather	<input type="checkbox"/> Deceased	<b>Mother /Guardian</b>	<input type="checkbox"/> Stepmother
Name: _____		Name: _____		Name: _____	
<small>(Last) First (Middle)</small>		<small>(Last) First (Middle)</small>		<small>(Last) First (Middle)</small>	
Employer: _____ <input type="checkbox"/> Self (Business): _____		Employer: _____ <input type="checkbox"/> Self (Business): _____		Employer: _____ <input type="checkbox"/> Self (Business): _____	
Occupation: _____ Title/Rank: _____		Occupation: _____ Title/Rank: _____		Occupation: _____ Title/Rank: _____	
Work Phone# _____ Cell# _____		Work Phone# _____ Cell# _____		Work Phone# _____ Cell# _____	
Email: _____		Email: _____		Email: _____	
Religion: _____ SFdS Alumni: <input type="checkbox"/> Yes → Yr: _____		Religion: _____ SFdS Alumni: <input type="checkbox"/> Yes → Yr: _____		Religion: _____ SFdS Alumni: <input type="checkbox"/> Yes → Yr: _____	
<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried		<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried		<b>Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Remarried	

**Family Label:** (Mailings)  Mr. & Mrs.  Mr.  Ms.  Mrs.  Other: \_\_\_\_\_  
**Student Lives With:**  Both Parents  Father  Mother  Shared\*  Guardian: \_\_\_\_\_

\*Please provide **shared custodial / separate-household parent** information on reverse side.

Are there **legal/court restrictions** that affect access to this student or his/her records?  Yes  No

## Parent in Separate Household or Shared Custodial Parent Info

Do Not Publish

**Name:** \_\_\_\_\_ Mr. Ms. Mrs. Other: \_\_\_\_\_  
(Last) (First) (Initial)

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Ph#: \_\_\_\_\_

Employer: \_\_\_\_\_ Self (Type of Business): \_\_\_\_\_

Occupation: \_\_\_\_\_ Title/Rank: \_\_\_\_\_ Work Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Email: \_\_\_\_\_ Religion:  Catholic  No -specify \_\_\_\_\_

**Marital Status:** (Circle One) Single / Mar / Div / Sep / Wid

**SFds Alumni:** Yes → Yr: \_\_\_\_\_

Are there **Legal/court restrictions** that affect access to this student or his/her records? No Yes (provide copy)

### Special Medical Needs

Please attach or *explain* any special medical needs or physical limitations / precautions that the school should consider.

**Allergies:** No Yes \_\_\_\_\_ **EpiPen:** No Yes \_\_\_\_\_

**Physical Limitation/Precautions:** (i.e. Phys. Ed., outdoor activities) No Yes \_\_\_\_\_ *See Attached*

**Prescribed Medication:** No Yes (if yes attach Authorization For Medication Form)

**Other Medical Exceptions:** \_\_\_\_\_ *See Attached*

Information about disabilities is requested for the purpose of determining whether the school can provide the applicant with an appropriate education or reasonable accommodations. Not all Catholic schools in the Archdiocese are able to offer Special Education Programs for children with Exceptional Educational Needs. Whenever a student seeks enrollment into the Catholic school, the school shall inquire as to whether the student has a history of or is presently eligible for a special education and related services available under the Individuals with Disabilities Act (IDEA).

The admission, instruction, and retention of students with disabilities or special needs shall be determined on an individual basis by the administrator in consultation with the Learning Support Team. A student eligible for placement under IDEA should be enrolled in the Catholic school only if a program and resources are available to meet the student's special needs.

St. Francis de Sales takes part in the Private School Choice Programs. The state of Wisconsin allows eligible students to attend a participating private school in grades four-year-old kindergarten (K4) to 12. The private school, on behalf of the student's parent or guardian, receives a state aid payment for each eligible student. Students at SFds may be eligible through the Wisconsin Parental Choice Program (WPCP).  
 Parents may also apply for financial aid through the St. Francis de Sales Angel Fund.

Please Note: Applications must be presented with **all other requirements** in order to be considered. An application is *not a guarantee of acceptance* into St. Francis de Sales Parish School.

Signature Required



\_\_\_\_\_ *Registering Parent Signature*

\_\_\_\_\_ *Date*

**Enrollment Requirements:** 1. Copy of Birth Certificate 2. Copy of Baptismal Certificate 3. Immunization Record 4. \$100.00 Application Fee  
 If applicable 1. Current Report Card 2. Copy of Custody Decree

11/2019