

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



St. Francis de Sales Parish School

New Student Application Form

School Year 2021- 2022

Entering Grade: _____

New Returning

Student Information

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

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female # Siblings: _____ <input type="checkbox"/> None | Family Parish and Church Membership |
| Student Information Social Security #: _____ - _____ - _____ <input type="checkbox"/> None Religion: <input type="checkbox"/> Catholic Baptized: <input type="checkbox"/> No <input type="checkbox"/> Yes ____/____/____ <input type="checkbox"/> Other Religion: _____ First Communion: <input type="checkbox"/> No <input type="checkbox"/> Yes Confirmation: <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> St. Francis de Sales Church Envelope # _____ Registered Member Since _____ <input type="checkbox"/> Other Parish: _____ <input type="checkbox"/> None Special Medical Needs <input type="checkbox"/> No <input type="checkbox"/> Yes (Indicate On Back) |
| | Mass Attendance: <input type="checkbox"/> Regular <input type="checkbox"/> Frequent <input type="checkbox"/> Seldom Student Ethnicity and Race Hispanic: <input type="checkbox"/> Yes <input type="checkbox"/> No Haitian: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> American Indian / Native Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian / Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Multi-Racial (two or more races) |

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

Custodial Parent / Guardian Information (student resides with)

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

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*

Main language spoken at home: _____

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