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 2026- 2027

Entering Grade:_____

Student Information

Last Name	First Name	Middle	Nickname	Date Of Birth
				_____/_____/_____ (Month) (Day) (Year)

Address	City	State	Zip Code	Home or Primary Phone
				(_____)_____- _____

Gender: ☐ Male ☐ Female **# Siblings:**_____ ☐ None

Student Information

Social Security #: _____-_____- _____ ☐ None

Religion: ☐ Catholic **Baptized:** ☐ No ☐ Yes_____/_____/_____
☐ Other Religion: _____ ☐ ☐
☐

First Communion: ☐ No ☐ Yes **Confirmation:** ☐ No ☐ Yes

Family Parish and Church Membership

❑ St. Francis de Sales Church **Envelope #** _____
Registered Member Since _____
❑ Other Parish:_____ ❑ None

Mass Attendance:
☐ Regular
☐ Frequent
☐ Seldom
☐

Special Medical Needs
❑ No ❑ **Yes** *(Indicate On Back)*

Student Ethnicity and Race

Hispanic: ☐ **Yes** ☐ **No**
Haitian: ☐ **Yes** ☐ **No**
☐ American Indian / Native Alaskan
☐ Asian
☐ Black or African American
☐ Native Hawaiian / Pacific Islander
☐ White
☐ Multi-Racial (two or more races)

Current School: (Name)_____ Grade: _____

Address_____ Special Program(s): _____
(see other side regarding accommodations)

Emerg. Contact: *(other than parent)*_____ Relationship: _____

Primary Phone # (_____)_____-_____ or (_____)_____- _____

Custodial Parent / Guardian Information (student resides with)

Father /Guardian

❑ Deceased ❑ Stepfather

Name: _____ _____ _____
(Last) (First) (Middle)
Employer:_____ ☐ Self (Business): _____
Occupation:_____ Title/Rank:_____
Work Phone#_____ Cell#_____
Email:_____
Religion:_____ **SFdS Alumni**: ❑Yes → Yr:_____

Marital Status: ☐Single ☐Widowed ☐Married ☐Separated ☐Divorced ☐Remarried

Mother /Guardian

❑ Deceased ❑ Stepmother

Name: _____ _____ _____
(Last) (First) (Middle)
Employer:_____ ☐ Self (Business): _____
Occupation:_____ Title/Rank:_____
Work Phone#_____ Cell#_____
Email:_____
Religion:_____ **SFdS Alumni**: ❑Yes → Yr:_____

Marital Status: ☐Single ☐Widowed ☐Married ☐Separated ☐Divorced ☐Remarried

Family Label: *(Mailings)* ☐Mr. & Mrs. ☐Mr. ☐Ms. ☐Mrs. ☐Other: _____

Student Lives With: ☐Both Parents ☐Father ☐Mother ☐Shared* ☐Guardian:_____

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

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

(over) ⟶

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 1/2022