



3K – 8th Grade  
1425 Covered Bridge Road  
Cedarburg, WI 53012  
(262) 377-2050

2018-2019  
Application for Admission for 3K, 4K & 5K  
Please Print Clearly

Grade Level Student Applying: (Circle One)

3KAM\* 3KPM\* 4KAM\* 4KPM\* 5K1/2 Day 5K Full Day \*If Available-Classes are filled on a first come, first served basis.

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Preferred Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Male \_\_\_\_\_ Female  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home/Primary Phone: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Family/Primary Email: \_\_\_\_\_ Catholic: \_\_\_\_\_ Yes \_\_\_\_\_ No  
(Religion if not Catholic)

Parents' Marital Status:  Married  Deceased  Separated  Divorced  Single

Child Resides With: \_\_\_\_\_ Relationship: \_\_\_\_\_

Legal Custody:  Mother  Father  Joint Custody  Guardian

Are there court ordered custody restrictions on this child?  Yes  No **If yes, legal documentation of child custody (where applicable) must be on file in the SFB School office prior to the start of the school year and updated as needed.**

Father Name: \_\_\_\_\_ Mr./Dr. Home Address: \_\_\_\_\_  
(If different than above)  
Home/Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Catholic:  Yes  No \_\_\_\_\_ SFB Alum:  Yes  No Class of: \_\_\_\_\_  
(Religion if not Catholic)

Mother Name: \_\_\_\_\_ Mrs./Ms./Dr. Home Address: \_\_\_\_\_  
(If different than above)  
Maiden Name: \_\_\_\_\_  
Home/Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Catholic:  Yes  No \_\_\_\_\_ SFB Alum:  Yes  No Class of: \_\_\_\_\_  
(Religion if not Catholic)

Registered member of the parish?  Yes  No Another Parish?  Yes  No Name: \_\_\_\_\_

**\*\*\*Note: Names, addresses, home/primary phone and family/primary email address will appear in our school's Family Directory as indicated unless you contact the school office with changes. Work and cell phone numbers are for office use only. We rely on email for communication purposes, so we require at least one email address per family.**

Baptism Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Reconciliation Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
First Eucharist Date: \_\_\_\_\_ Church: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**SCHOOL LAST ATTENDED:**

Name: \_\_\_\_\_ Date of Withdrawal: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

**IS STUDENT HISPANIC? (For Statistical Purposes Only)**  Yes  No

**ETHNICITY (For Statistical Purposes Only; Please check all that apply):**  American Indian/Native Alaskan  Asian  
 Black/African American  Multi-Racial  Native Hawaiian/Pacific Islander  White

**SCHOOL DISTRICT:** Cedarburg:  Parkview  Westlawn  Thorson  Other: \_\_\_\_\_

**SIBLING INFORMATION:**

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Current School: \_\_\_\_\_  
Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Current School: \_\_\_\_\_  
Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Current School: \_\_\_\_\_

**Please share your reasons for sending your child to St. Francis Borgia Catholic School:** \_\_\_\_\_  
\_\_\_\_\_

**I/we intend to have our child continue at St. Francis Borgia Catholic School through: \_\_\_\_\_ Grade**

**EMERGENCY INFORMATION:**

Please list 2 contacts in case of an emergency if a parent cannot be reached during school hours.

Name: _____	Relationship: _____
Address: _____	Daytime Phone: _____
Name: _____	Relationship: _____
Address: _____	Daytime Phone: _____

1. St. Francis Borgia Catholic School admits students of any race, color, and national or ethnic origin.
2. A student's initial enrollment is probationary for the first full year of school. After the initial year, enrollment status is reviewed annually.
3. St. Francis Borgia Catholic School does not have programming or staff to meet the needs of students who have emotional and/or psychological problems. If, after time in the school, a student develops emotional or psychological problems, their remaining in the school will be at the discretion of the principal.
4. A non-refundable/non-transferable \$90 application fee, an original birth certificate and copy of your child's baptismal certificate are required to complete this application. In addition, the student must be completely toilet trained.
5. Please check one:  Tuition will be paid in full by Aug. 1  We will enroll in the SMART Tuition Direct Payment Program

Signature of Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

Received Date: \_\_\_\_\_  Check # \_\_\_\_\_  Cash \_\_\_\_\_  Accepted \_\_\_\_\_  
 Birth Certificate  Baptismal Certificate  Option C Entry  Acceptance Letter Sent

# ST. FRANCIS BORGIA CATHOLIC SCHOOL ADMISSION SURVEY 2018-2019

Name of Child: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

As a condition of admission to St. Francis Borgia Catholic School, parents or legal guardians of students are required to complete the following survey. All questions must be answered completely and thoroughly. Please Note: Saying "yes" to a question does NOT mean we will not consider your child for enrollment. Its purpose is to assist us in determining whether or not we can meet the needs of your child and your expectations as a parent.

PLEASE NOTE: St. Francis Borgia Catholic School does not have programming or staff to meet the needs of students who have emotional and/or psychological problems. Acceptance of students with such needs typically does not take place. If, after time in the school, a student develops emotional or psychological problems, their remaining in the school will be at the discretion of the principal. As a private school, we exercise the right to determine if St. Francis Borgia Catholic School can or cannot meet a given student's needs.

## **I. GENERAL BACKGROUND** - Please answer the following questions by checking YES or NO:

	<b>YES</b>	<b>NO</b>
1. Does your child have any special emotional needs?	_____	_____
2. Have you or any previous teacher, caregiver, or medical professional expressed any concerns about your child's development (including speech development) or difficulties in learning?	_____	_____
3. Does your child have any special physical needs?	_____	_____
4. Does your child have any severe or life threatening allergies, medical conditions, etc.? NOTE: Parents of children with severe or life threatening conditions will need to sign an indemnity agreement as requested by the school's insurance company	_____	_____
5. Does your child have any regular medication or current course of medical treatment?	_____	_____
6. Has your child been retained or accelerated at any grade level?	_____	_____
7. Has your child ever been placed in a special needs class (LD, ED, BD) at a previous school?	_____	_____

***Please use the space below to explain in detail any "YES" answers to the previous questions. In addition, please describe what, if any, additional or special services your child requires.***

**II. TESTING OR EVALUATION** – Please answer the following questions by checking YES or NO:

Has your child been tested or evaluated for any concern about delays in the following areas:

	<b>YES</b>	<b>NO</b>
Psychological Development?	_____	_____
Emotional Development?	_____	_____
Physical Development?	_____	_____
Social Development?	_____	_____
Speech Development?	_____	_____
Cognitive (Academic) Development?	_____	_____

***Please use the space below to explain in detail any “YES” answers to the previous questions. Include the name of the person or group performing the testing or evaluation, and the date it was performed. In addition, please attach a copy of any testing or evaluation results to this application form. St. Francis Borgia Catholic School will maintain all such tests or results in strict confidence.***

**III. USE OF THE SURVEY**

The principal of St. Francis Borgia Catholic School will consider this information in determining whether, in the best interest of the child and St. Francis Borgia Catholic School, we can provide appropriate educational opportunities for your child. The principal may contact you for further information concerning any of your answers on this form. Because it is necessary for St. Francis Borgia Catholic School to properly evaluate each child, a student’s initial enrollment is probationary through the first full year of school.

**IV. CERTIFICATION**

I certify that I have truthfully and completely answered the questions above to the best of my ability and I recognize that any omission or misstatement can result in immediate revocation of my child’s enrollment at St. Francis Borgia Catholic School.

**PARENT SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



ST. FRANCIS BORGIA  
CATHOLIC SCHOOL

2018-2019

**POLICY REGARDING REGISTRATION, ADMISSION, AND CONTINUED ENROLLMENT OF STUDENTS IN ST. FRANCIS BORGIA CATHOLIC SCHOOL**

The philosophy of St. Francis Borgia Catholic School is based on the Christian social principles of the Gospel message – to love and to respect the rights of all people. It is the policy of the school that we shall not discriminate on the basis of race, color, and/or national or ethnic origin in the administration of our educational policies, admission policies, financial aid, athletics, and other school programs. St. Francis Borgia Catholic School reserves the right to deny attendance to anyone whose behavior is contrary to the teachings and ideals of the school or whose behavior or attitude is disruptive to the functioning of the student body.

Our school makes every effort to meet the academic needs of students and offers academic supportive programs for children.

St. Francis Borgia Catholic School does not offer programs for emotional, psychological, or physical problems.

A student is admitted to St. Francis Borgia Catholic School on probation. This probation is annually and automatically renewed. While parents are asked at initial registration to indicate any learning, emotional, or psychological problems, there is always the possibility of such problems arising later in the school years.

The school administration retains the right to request parents to have psychological or other assessments if behavior problems ensue. Parental cooperation on this request can be the basis for a child's continued enrollment in St. Francis Borgia Catholic School. Administration retains the right to determine if a child's needs can or cannot be met in St. Francis Borgia Catholic School. Such a determination may change based on a change in a student's behavior and/or needs.

As a parent enrolling their child in St. Francis Borgia Catholic School I understand and accept the above stated qualifications related to continued enrollment in St. Francis Borgia Catholic School.

Family Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Please Print*

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_



FOR ELIGIBLE 4K & 5K STUDENTS ONLY

2018-2019 School Year

Dear Parent / Guardian:

Riteway Bus Service, as your child’s transportation provider, along with the staff of the Cedarburg School District, will continue to work together to make sure that your bus routes are established with safety and efficiency in mind. To assist us with this goal for the 2018-2019 school year, please complete the requested information below for your child’s transportation needs. Please complete a letter for EACH of your children enrolled for the upcoming school year. Please fill out this form COMPLETELY. We are working together to make the transportation system for your school district as efficient as possible to ensure the transportation is as cost-efficient as it can be.

Thank you for your cooperation.

Sincerely,

Jeff Kelly

Jeff Kelly

Terminal Manager-Cedarburg

\*\*\*TRANSPORTATION CHANGES TAKE 3-5 BUSINESS DAYS\*\*\*

\*\* PLEASE PRINT CLEARLY \*\*

Child’s Name: \_\_\_\_\_

School Attending in 2018-2019: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Morning Service:

\_\_\_\_\_ I am requesting a stop be established for bussing my child in the morning. **SAME PICK UP MONDAY - FRIDAY**

Morning Address for Pick-Up: \_\_\_\_\_

(Must be in District and eligible for bussing.)

\_\_\_\_\_ My child does not need transportation service at this time, but I understand I can request bus service at anytime during the school year with a minimum of 5 days advance notice.

Transportation Service Options:

**NOTE: The probability of a student being placed on the wrong bus at school, or dropped off at the wrong location increases when multiple locations are involved. Only one drop off location will be allowed.**

For Afternoon Service:

\_\_\_\_\_ I am requesting a stop be established for bussing my child in the afternoon. **SAME DROP OFF MONDAY - FRIDAY**

Afternoon Address for Drop-Off: \_\_\_\_\_

(Must be in District and eligible for bussing.)

\_\_\_\_\_ My child does not need transportation service at this time, but I understand I can request bus service at anytime during the school year with a minimum of 5 days advance notice.

SCHOOL STUDENT ID NUMBER: \_\_\_\_\_

School Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_