



3K – 3rd Grade
1425 Covered Bridge Road
Cedarburg, WI 53012
(262) 377-2050
office@sfbsschool.org

2019-2020
Application for Admission

Grade Level Student Applying: (Circle One)

3Kam* 3Kpm* 4Kam* 4Kpm* 5K 1/2 5K 1st 2nd 3rd

*If Available-Classes are filled on first come, first served basis

Form with fields for: Child's Full Name, Date of Birth, Preferred Name, Gender, Primary Address, City/State, Zip, Primary Phone, Place of Birth, Baptism Date, Church, City, State, Reconciliation Date, Church, City, State, First Eucharist Date, Church, City, State, Catholic status.

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

PREVIOUS SCHOOL ATTENDED:

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

CEDARBURG SCHOOL DISTRICT (Circle One): Parkview Westlawn Thorson OR Other:

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

- 1 St. Francis Borgia Catholic School admits students of any race, color, and national or ethnic origin. A student's initial enrollment is probationary for the first full year of school. After the initial year, enrollment status is reviewed annually.
- 2 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.
3. All students must be completely toilet trained.
- 4 **A non-refundable/non-transferable \$90 registration fee, original birth certificate, two letters of recommendation (Gr. 4-8 only), and the latest report card(s) are required to complete this application. *Please remember, classes are filled on a first come, first served basis.***
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/Guardian: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

ST. FRANCIS BORGIA CATHOLIC SCHOOL ADMISSION SURVEY 2019-2020

This survey is for St. Francis Borgia Catholic School only and will not be submitted with any of your child's transcripts.

Name of Child: _____ Age: _____ Birth Date: _____

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 BE ADVISED: 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.

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.

GENERAL BACKGROUND - Please answer the following questions by checking YES or NO:

	YES	NO
1. Does your child have any special emotional needs, i.e. anxiety?	_____	_____
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. Has it been recommended that your child be tested for any learning and/or behavior difficulties?	_____	_____
4. Has your child had an IEP, Neuropsychological Evaluation, or any other test to help establish learning and/or behavior difficulties?	_____	_____
5. Has your child ever been placed in a special needs class (LD, ED, BD) at a previous school?	_____	_____
6. Has your child been retained or accelerated at any grade level?	_____	_____
7. Does your child have any special physical needs?	_____	_____
8. 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.	_____	_____
9. Does your child have any regular medication or current course of medical treatment?	_____	_____

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.

TESTING OR EVALUATION – Please answer the following questions by checking the appropriate answer:

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

	YES	NO	SUGGESTED
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.

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

2019-2020

PARENT AUTHORIZATION FOR SCHOOL TESTING

I understand that students at St. Francis Borgia Catholic School may be given individual achievement or aptitude tests in order to assist the teachers in determining a student's strengths and weaknesses. I give permission for a qualified member of the staff to administer such tests to my child.

Name of Student: _____

Grade: _____

Date of Birth: _____

Parents' or Guardians' Names: _____

Address: _____

Phone: _____

SIGNATURE OF PARENT/GUARDIAN: _____

DATE: _____

TRANSFER OF RECORDS RELEASE

Dear Parent or Guardian,

You have applied for admission for your child to St. Francis Borgia Catholic School. In order to process your application, we will need **copies** of the following records for your child from his/her present school.

- Progress Records and Standardized Test Scores from the last 2 years.
- Behavioral Records
- IEP if applicable

Please complete both sections below as we need one release for our records and will forward the other release to your present school.

Thank you.



TO: ST. FRANCIS BORGIA CATHOLIC SCHOOL

I hereby give my permission for **copies** of any and all of my child's records to be released to you.

Child's Name: _____ Current Grade: _____

Approximate Date you expect your child to begin at St. Francis Borgia Catholic School: _____

Parent's Signature: _____ Date: _____



St. Francis Borgia Catholic School
1425 Covered Bridge Road
Cedarburg, Wisconsin 53012
Fax: 262.377.4099

Date: _____

ATTENTION- RECORDS OFFICE OF:

SCHOOL NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

My child, _____, currently in grade _____, has applied for admission to St. Francis Borgia Catholic School. I hereby give my permission for you to release **copies** of any and all of his/her records to them.

Thank you,

Parent's Signature: _____ Date: _____