



## 2026-2027 Application for Admission 3K - 3rd Grade

### Grade Level You Are Applying For

#### Pre-Kindergarten Program

Classes are filled on a first come-first served basis and parents may be asked to switch from AM to PM to balance out class sizes. Class capacity is 16. All students must be FULLY POTTY TRAINED and child must be of age by September 1<sup>st</sup>.

**3K AM** (8:40AM-11:15AM) for 3 Year Olds       **4K AM** (8:40AM – 11:15AM) for 4 Year Olds  
 **3K PM** (12:40PM – 3:20PM) for 3 Year Olds       **4K PM** (12:40PM – 3:20PM) for 4 Year Olds

#### Lower School

Child must be of age by September 1<sup>st</sup>! Max capacity is 25 per class, most grades levels have 2 classes

**Kindergarten (Age 5)**       **2<sup>nd</sup> Grade**  
 **1<sup>st</sup> Grade**       **3<sup>rd</sup> Grade**

### Student Information

Child's Full Name: \_\_\_\_\_

Preferred Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender:  Male  Female

#### *Ethnicity (For Statistical Purposes Only)*

American Indian/Native Alaskan       Hawaiian/Pacific Islander       Hispanic/Latino  
 Asian       Multi-Racial  
 Black/African American       White

Primary Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Child Lives With:  Both Parents  Mother  Father  Other: \_\_\_\_\_

Previous School Attended: \_\_\_\_\_

Type:  Public  Private  Home School      Date of Withdrawal: \_\_\_\_\_

Street Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

If part of Cedarburg School District (Check One):  Parkview  Westlawn  Thorson  I do not know  
 Other: \_\_\_\_\_

Referred to St. Francis Borgia by: \_\_\_\_\_

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

\_\_\_\_\_

Siblings Not Attending St. Francis Borgia Catholic School

1. Name: \_\_\_\_\_  Male  Female DOB: \_\_\_\_\_
2. Name: \_\_\_\_\_  Male  Female DOB: \_\_\_\_\_
3. Name: \_\_\_\_\_  Male  Female DOB: \_\_\_\_\_
4. Name: \_\_\_\_\_  Male  Female DOB: \_\_\_\_\_

5+

## Religious Affiliation & Sacraments

**Catholic:**  Yes  No Religion  Other: \_\_\_\_\_

**Currently a Parishioner at:** (Name & Location) \_\_\_\_\_

**Date of Baptism:** \_\_\_\_\_ Church: \_\_\_\_\_

City/State: \_\_\_\_\_  Never Baptized  Interested in Baptism

**Date of First Reconciliation:** \_\_\_\_\_ Church: \_\_\_\_\_

City/State: \_\_\_\_\_  Needs to be completed  Does Not Apply

**Date of First Communion:** \_\_\_\_\_ Church: \_\_\_\_\_

City/State: \_\_\_\_\_  Needs to be completed  Does Not Apply

## Parent/Guardian Information

**Parent/Guardian #1:** The person listed here will be the **primary point of contact** for each student that you are enrolling. The ideal person for this spot would be the one that is most able to respond in the event of an emergency.

Mr. / Mrs. / Ms. / Dr. \_\_\_\_\_

**Relation to the student:**  Mother  Father  Guardian  Other: \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/Zip:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_  Mobile  Home  Work

**Alternate Phone Number:** \_\_\_\_\_  Mobile  Home  Work

**Primary Email:** \_\_\_\_\_

**Catholic:**  Yes  No Religion  Other: \_\_\_\_\_

**SFB Alumni Class of:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

(we will never contact your employer about you or your child, for marketing purposes only)

**Parent/Guardian #2:** This person would be contacted in the event the primary point of contact cannot be reached.

Mr. / Mrs. / Ms. / Dr. \_\_\_\_\_

**Relation to the student:**  Mother  Father  Guardian  Other: \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City/Zip:** \_\_\_\_\_

**Primary Phone Number:** \_\_\_\_\_  Mobile  Home  Work

**Alternate Phone Number:** \_\_\_\_\_  Mobile  Home  Work

**Primary Email:** \_\_\_\_\_

**Catholic:**  Yes  No Religion  Other: \_\_\_\_\_

**SFB Alumni Class of:** \_\_\_\_\_

**Occupation:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

(we will never contact your employer about you or your child, for marketing purposes only)

**Marital Status:**  Married  Separated  Divorced  Widowed

**If Divorced or Separated, who has legal custody:**  Mother  Father  Joint  Guardian  Other: \_\_\_\_\_

Notes:

**Items Due at Time of Registration:**

1. **\$100 non-refundable registration fee** (which covers the administrative costs to enroll your student)
2. **\$100 non-refundable deposit** (which will go towards your child's tuition)
3. **Verification of your child's Date of Birth** (please bring the Official Birth Certificate to the Office)

- Classes are filled on a first come, first served basis.
- 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.
- St. Francis Borgia Catholic School does not have programming or staff to meet the needs of students who have emotional and/or psychological problems, remaining in the school will be at the discretion of the principal.
- All students must be fully toilet trained. *See Toilet Training Policy*

**By signing below I agree to the terms and conditions of this application.**

Parent #1/ Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent #2 / Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Office Use Only**

Date Application Received: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Birth Certificate Verified/Date: \_\_\_\_\_

Paid \$100 Deposit Date: \_\_\_\_\_

Deposit Paid/Date: \_\_\_\_\_

Paid \$100 Registration Fee Date: \_\_\_\_\_

Tuition Agreement Received/Date: \_\_\_\_\_

Toilet Training Policy Signed

Approved    Denied (reason) \_\_\_\_\_



## St. Francis Borgia Toileting Policy

As we are not licensed to change children, children enrolled in St Francis Borgia Catholic School must be toilet trained before attending.

**St. Francis Borgia Catholic School defines toilet trained children as:**

1. No longer wearing diapers or disposable underwear(pull-ups)
2. Can tell the teacher when they need to use the bathroom every time and make it to the bathroom in time
3. Can attend to their own hygiene; they need to be able to pull their underwear and pants down themselves, get up on the toilet themselves and be able to wipe themselves with no assistance.

**The child needs to be able to do all of the above independently with no help from the staff**

If a child is not completely toilet trained as described above, the parent may choose one of the following options:

- Temporarily withdraw the child until he/she is toilet trained.
- Withdraw the student. Registration fee and contracted fee is not refundable.
- The School can require temporary withdraw until he/she is toilet trained.

We realize that from time to time accidents will happen. Accidents by definition are incidents of soiled clothing with either urine or feces. If a child has extra clothes and are capable of independently cleaning/changing themselves they will be allowed to do so. However, if they don't have clothes, have soaked through to their shoes or have a bowel movement the parents/guardians will be required to come in and clean/change them. The parents/guardians will be expected to come and change the child within **thirty minutes**.

**Students who have three accidents within 30 days** are considered to not be toilet trained, and the following procedures will be used:

- Parents/Guardians will be notified by the student's teacher or childcare director regarding the first two accidents. The third accident will result in communication from the principal. This will result in the removal of their child from the school or childcare setting for a minimum of two weeks, so that toilet training can take place in a more appropriate setting (and the child is ready to return).
- If after returning to school/childcare from the two-week toilet training period, the child continues to have accidents, the child may be removed from school/childcare.

We have read and understand this Toilet Training Policy and agree to comply with it.

**Child's Name (printed)** \_\_\_\_\_

**Parent's Name (printed)** \_\_\_\_\_

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## **St. Francis Borgia Catholic School 2026-2027 Admission Survey**

*This survey is for St. Francis Borgia Catholic School only and will not be submitted with any student transcripts.*

As a condition of admission to St. Francis Borgia Catholic School, students' parents or legal guardians 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.* The purpose of this survey is to assist us in determining if we can meet the needs of your child and your expectations as a parent.

**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 difficulties. Acceptance of students with such needs typically does not take place. If, after time in the school, a student develops emotional and/or psychological needs, their enrollment in the school is 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 THIS SURVEY:** The principal of St. Francis Borgia Catholic School will consider this information in determining whether, in the best interest of the child, we can provide appropriate educational opportunities for your child. The principal may contact you for further information regarding your answers to this survey. Thank you for understanding it is necessary for St. Francis Borgia Catholic School to properly evaluate each child, as each student's enrollment is probationary for the first full year of school.

**Student Name:** \_\_\_\_\_ **Grade Applying For:** \_\_\_\_\_  
(First & Last)

**1. Does your child have any special emotional needs (i.e. anxiety)?**  Yes  No

If yes, please describe below:

**2. Have you or any previous teacher, caregiver, or medical professional expressed any concerns about your child's development (including speech development) or difficulties learning?**  Yes  No

**3. Has it been recommended that your child be tested for any learning or behavioral difficulties?**  Yes  No

**4. Has your child had an IEP, Neuropsychological Evaluation, or any other tests to help establish learning or behavioral difficulties?**  Yes  No

**5. Has your child ever been placed in a special needs class (LD, ED, BD) at a previous school?**  Yes  No

**6. Has your child been retained or accelerated at any grade level?**  Yes  No

**7. Does your child have any special physical needs?**  Yes  No

If yes, please describe below:

**8. Does your child have any severe or life-threatening allergies or medical conditions?**  Yes  No

If yes, please describe below:

**9. Does your child have any regular medication or current course of medical treatment?**  Yes  No

If yes, please describe below: