



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 1st.

☐ **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 1st! Max capacity is 25 per class, most grades levels have 2 classes

☐ **Kindergarten (Age 5)**

☐ **2nd Grade**

☐ **1st Grade**

☐ **3rd 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: _____

☐ Deposit Paid/Date: _____

☐ Tuition Agreement Received/Date: _____

☐ Toilet Training Policy Signed

☐ Paid \$100 Deposit Date: _____

☐ Paid \$100 Registration Fee Date: _____

☐ 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: