

Office use only.
 ___ Principal Review
 ___ Entered/Updated in
 Power School
 _____ Initials



Office use only.
 ___ Early registration
 ___ Deposit paid
 ___ FACTS
 ___ Acceptable Use
 ___ Immunizations
 ___ Handbook
 ___ Media Release
 ___ Choice
 ___ SNSP

2020-2021 Registration/Tuition Form

Please fill in completely and print clearly as this information must be accurately entered into our data system.

Father/Guardian Information

Father/Guardian's Name (Last, First)		
Home Address (Number, Street, City, State, Zip) <input type="checkbox"/> Same as Student's Address		
Home Phone	Cell Phone	Work Phone
Email Address		
Employer	Occupation	
Religion <input type="checkbox"/> Catholic <input type="checkbox"/> other	Parish <input type="checkbox"/> Holy Name of Jesus <input type="checkbox"/> St. Dominic <input type="checkbox"/> St. Clement <input type="checkbox"/> other	
Father/Guardian (Please check all that apply)		
<input type="checkbox"/> Live with student <input type="checkbox"/> List Home/Cell Phone in School Directory		
<input type="checkbox"/> List email in School Directory <input type="checkbox"/> List Address in School Directory		

Mother/Guardian Information

Mother/Guardian's Name (Last, First)		
Home Address (Number, Street, City, State, Zip) <input type="checkbox"/> Same as Student's Address		
Home Phone	Cell Phone	Work Phone
Email Address		
Employer	Occupation	
Religion <input type="checkbox"/> Catholic <input type="checkbox"/> other	Parish <input type="checkbox"/> Holy Name of Jesus <input type="checkbox"/> St. Dominic <input type="checkbox"/> St. Clement <input type="checkbox"/> other	
Mother/Guardian (Please check all that apply)		
<input type="checkbox"/> Live with student <input type="checkbox"/> List Home/Cell Phone in School Directory		
<input type="checkbox"/> List email in School Directory <input type="checkbox"/> List Address in School Directory		

Marital Status Married Single Widowed Divorced/Separated

If parents do not live together, is there a custody agreement on file? Yes No

Bus service requested. Yes No

Emergency Contact Information- All Information Required, Print Clearly

Primary Emergency Contact Name (Last, First)	
Home phone ____ preferred	Cell phone ____ preferred
Relationship	
Secondary Emergency Contact Name (Last, First)	
Home phone ____ preferred	Cell phone ____ preferred
Relationship	
Third Emergency Contact Name (Last, First)	
Home phone ____ preferred	Cell phone ____ preferred
Relationship	

Required First Student Information- Print Clearly

Grade Entering	Current Age
Student Name (Last, First, Middle)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
Health (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.)	
Ethnicity (for office use only) <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other	
Fill in below for new families only.	
Has student been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Baptism Date (if applicable)	Baptism Location (if applicable)
Has Student received First Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date	Location

Required Second Student Information- Print Clearly

Grade Entering	Current Age
Student Name (Last, First, Middle)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
Health (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.)	
Ethnicity (for office use only) <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other	
Fill in below for new families only.	
Has student been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Baptism Date (if applicable)	Baptism Location (if applicable)
Has Student received First Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date	Location

Required Third Student Information- Print Clearly

Grade Entering	Current Age
Student Name (Last, First, Middle)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
Health (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.)	
Ethnicity (for office use only) <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other	
Fill in below for new families only.	
Has student been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Baptism Date (if applicable)	Baptism Location (if applicable)
Has Student received First Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date	Location

Required Fourth Student Information-Print Clearly

Grade Entering	Current Age
Student Name (Last, First, Middle)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
Health (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.)	
Ethnicity (for office use only) <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other	
Fill in below for new families only.	
Has student been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Baptism Date (if applicable)	Baptism Location (if applicable)
Has Student received First Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date	Location

Required Fifth Student Information- Print Clearly

Grade Entering	Current Age
Student Name (Last, First, Middle)	
<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
Health (please describe any health conditions that the school should be aware of including allergies, ADD, ADHD, asthma, seizure, bee sting allergy, food allergies, etc.)	
Ethnicity (for office use only) <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/Non-Hispanic <input type="checkbox"/> Multiracial <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> Other	
Fill in below for new families only.	
Has student been baptized? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Baptism Date (if applicable)	Baptism Location (if applicable)
Has Student received First Holy Communion? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date	Location

Tuition Form- Check Your Schedule Choice for 4K

Early Registration FULL day 4K through 7th Grade Tuition (ENDS April 9, 2020) Parish member (P) and Non-Parish member (NP)

1 Child	2 Children	3 Children	4 Children	5 Children
\$3,400 P/ \$3,650 NP	\$5,500 P/ \$5,900 NP	\$8,300 P/ \$8,900 NP	\$11,100 P/ \$11,900 NP	\$13,550 P/ \$14,900 NP

FULL day 4K through 7th Grade Tuition (BEGINS April 10, 2020) Parish member (P) and Non-Parish member (NP)

1 Child	2 Children	3 Children	4 Children	5 Children
\$3,500 P/ \$3,750 NP	\$5,600 P/ \$6,000 NP	\$8,400 P/ \$9,000 NP	\$11,200 P/ \$12,000 NP	\$13,650 P/ \$15,000 NP

Eighth Grade Tuition

Early Registration (ENDS April 9, 2020) is \$3,440 (Parish) \$3,690 (Non-Parish) to cover graduation expenses.
Regular Tuition (BEGINS April 10, 2020) is \$3,540 (Parish) \$3,790 (Non-Parish) to cover graduation expenses.

4K Tuition (early registration discount applies to only full day registration)

- | | | |
|---|--------------------------------|---------------------------------------|
| <input type="checkbox"/> 5 Half Days | Monday-Friday (7:55am-11:00am) | \$2,150 (Parish) \$2,400 (Non-Parish) |
| <input type="checkbox"/> 5 Full Days | Monday-Friday (7:55am-3:00pm) | See full day tuition tables above. |

Payment Options (please check one)

- | | |
|---|---|
| <input type="checkbox"/> Full Payment via FACTS on or before 7/6/2020
(no fee for single payment) | <input type="checkbox"/> Semi-Annual payment via FACTS
50% due 7/6/2020 and 50% due 2/5/2021
(\$10 fee for two payments) |
| <input type="checkbox"/> Monthly Payments via FACTS
ACH must be set up by 6/1/2020 with first payment in July. Draws are scheduled for the 5 th and 20 th of the month.
(\$41 fee for three or more payments)
Visit https://online.factsmgt.com/signin/4HRLZ to set up ACH and apply for financial assistance. | |

2020-2021 Financial Assistance (check all assistance you are requesting)

*Tuition payment is based on income but not less than \$500 per student.

- HREN Foundation- **Due April 17, 2020** (Apply online via FACTS)
 St. Vincent de Paul Society (Required forms will be sent home in mid-summer/early fall)
 Knights of Columbus (K of C families are eligible)
 Wisconsin School Choice Program (Open enrollment is February 3 through May 1, 2020. The application link is found at dpi.wi.gov/sms/choice-programs)

Requested financial assistance: \$ _____

Our cost per student is \$8,550. Tuition of \$3,500 means that \$5,050 of expenses per child must be covered by Parish support and fundraising. This includes multi-student discounts. Any financial assistance not covered by the groups above adds to the required Parish support and fundraising needs. **Refusal to apply for financial assistance in a timely manner may result in denial of financial assistance.**

Tuition Responsibility Agreement-Fill in Completely

I, _____ (Parent/Guardian), am responsible for the payment of the registration fee and tuition for:

Student (List Names)	Grade	
Total Tuition Due (without financial aid)		\$
Non-refundable Tuition Deposit		- \$100
Scrip Credit (Office use only.)		-
Remaining Tuition Balance (Office use only.)		\$
I am able and willing to pay more toward the total cost of \$8,550 to educate my child. Please add this amount to my balance due.		\$

All fees and tuition for the 2020-21 school year will be paid in full by May 21, 2021. If, for any reason, a change is required to the payment plan, a call to the school office must be made. By signing the tuition responsibility agreement, I understand and agree to fulfill my financial commitment and obligation to St. Elizabeth Ann Seton Catholic School.

If tuition, aftercare, and lunch balances for the current 2019-20 school year are not paid in full by May 21, 2020, a meeting with the principal is required prior to the beginning of the 2020-2021 school year to make payment arrangements. Your child will not be enrolled into St. Elizabeth Ann Seton Catholic School for the 2020-2021 school year until this meeting has taken place and an acceptable resolution has been agreed upon. Failure to follow this procedure will result in forfeiture of the registration deposit.

Signature of Parent/Guardian	Date

Please attach the following documents to this registration form:

- Non-refundable registration deposit of \$100 made payable to St. Elizabeth Ann Seton Catholic School.
- Immunization Form (only K, 6, and all new to Seton)
- Acceptable Use Form (one per student grades 1-8)