



# 2026-2027 Registration Form

**Please PRINT CLEARLY and complete ALL fields**

Student Full Name: (Last, First, Middle)	Grade Entering:	<b>Office Use:</b>
Student Full Name: (Last, First, Middle)	Grade Entering:	<b>Office Use:</b>
Student Full Name: (Last, First, Middle)	Grade Entering:	<b>Office Use:</b>

### First Parent/Guardian Information

First Parent/Guardian's Name (Last, First)		
Home Address (Number, Street, City, State, Zip) <input type="checkbox"/> Lives with student		
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/name:	

### Second Parent/Guardian Information

Second Parent/Guardian's Name (Last, First)		
Home Address (Number, Street, City, State, Zip) <input type="checkbox"/> Lives with student		
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/name:	

**Parent/Guardian Information:**

Marital Status  Married  Single  Widowed  Divorced/Separated

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

**Emergency Contact Information- All Information Required, Print Clearly**

**Primary Emergency Contact Name:**

Relationship:

Home phone:

Work phone:

Cell phone:

**Secondary Emergency Contact Name:**

Relationship:

Home phone:

Work phone:

Cell phone:

**Required First Student Information- Print Clearly**

**Grade Entering:**

**Date of birth:**

**Current Age:**

Male

Female

**Student Name (Last, First, Middle)**

**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)**

White, Non-Hispanic  Hispanic  Asian/Pacific Islander  Black/Non-Hispanic  
 Multiracial  American Indian/Alaskan  Other

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

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

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

**Religious Affiliation & Sacraments:**

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

**Current Parishioner at: (Name & Location)** \_\_\_\_\_

**Date of Baptism:** \_\_\_\_\_ **Church:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

Never Baptized  Interested in Baptism

**Date of First Communion:** \_\_\_\_\_ **Church:** \_\_\_\_\_ **City/State:** \_\_\_\_\_

Needs to be completed  Does Not Apply

**Required Second Student Information- Print Clearly**

Grade Entering: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Current Age: \_\_\_\_\_  Male   
Female

Student Name (Last, First, Middle) \_\_\_\_\_

**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)**

White, Non-Hispanic  Hispanic  Asian/Pacific Islander  Black/Non-Hispanic  
 Multiracial  American Indian/Alaskan  Other

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

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

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

**Religious Affiliation & Sacraments:**

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

Current Parishioner at: (Name & Location) \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Never Baptized  Interested in Baptism

Date of First Communion: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Needs to be completed  Does Not Apply

**Required Third Student Information- Print Clearly**

Grade Entering: \_\_\_\_\_ Date of birth: \_\_\_\_\_ Current Age: \_\_\_\_\_  Male   
Female

Student Name (Last, First, Middle) \_\_\_\_\_

**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)**

White, Non-Hispanic  Hispanic  Asian/Pacific Islander  Black/Non-Hispanic  
 Multiracial  American Indian/Alaskan  Other

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

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

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

**Religious Affiliation & Sacraments: (Third Student Continued)**

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

Current Parishioner at: (Name & Location) \_\_\_\_\_

Date of Baptism: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Never Baptized  Interested in Baptism

Date of First Communion: \_\_\_\_\_ Church: \_\_\_\_\_ City/State: \_\_\_\_\_

Needs to be completed  Does Not Apply

**Tuition Schedule**

**3K through 8<sup>th</sup> Grade Tuition**

1st Child	2 Children	3 Children	4 Children	5 Child
\$3,900	\$7,020	\$9,945	\$12,480	\$0

**Eighth Grade Graduation Fee: \$55**

*\*Multi-student rates above apply only to full-time 3/4K - 8th grade*

**3K & 4K Half Day Tuition**

<input type="checkbox"/> 5 Half Days	<input type="checkbox"/> 3K <input type="checkbox"/> 4K	Monday-Friday (7:45 am - 11:00 am)	\$2,700
<input type="checkbox"/> 5 Full Days	<input type="checkbox"/> 3K <input type="checkbox"/> 4K	Monday-Friday (7:45 am - 3:00 pm)	\$3,900

**Payment Options (please check one)**

**Full Payment** via FACTS on or before 7/25/2026  
(no Facts fee for a single payment)

**Semi-Annual payment** via FACTS  
50% due 8/6/2026 and 50% due 2/5/2027 (\*Facts fee)

**Monthly Payments** via Seton FACTS Portal (see link below)

ACH must be set up by 6/1/2026 with the first payment in July. Draws are scheduled for the 5<sup>th</sup> or 20<sup>th</sup> of the month.

Visit <https://online.factsmgt.com/signin/4HRLZ> to set up ACH and/or apply for financial assistance.

*\*Tuition assistance is based on FACTS calculated need, but will not be less than \$500 per student.*

**2026 - 2027 Financial Assistance (check all assistance you are requesting)**

- HREN Foundation- **Due by April 18, 2026** (Complete Grant/Aid application @ <https://factsmgt.com/> Registration fee is required.)
- Knights of Columbus (KOC members are eligible. Request through KOC)
- Faith In Our Future (\$1,000 scholarship - 6 available annually)
- Special Needs Scholarship Program for students with IEP's
- Wisconsin School Choice Program (Open enrollment is the 1st-20th of each of the following months: February, March, April, May, August, & September 2026. Apply: [dpi.wi.gov/sms/choice-programs](https://dpi.wi.gov/sms/choice-programs).)

Requested financial assistance: \$ \_\_\_\_\_

Our cost per student is \$10,550. Tuition of \$3,900 means that \$6,650 of expenses per child must be covered by Parish support and Seton School fundraising. This includes multi-student discounts. Any financial assistance not covered by the groups above adds to Parish support and fundraising needs. **Refusal to apply for financial assistance in a timely manner may result in the denial of financial assistance.**

## Tuition Responsibility Agreement

I, \_\_\_\_\_ (Parent/Guardian), am responsible for the payment of the tuition/fees for:  
 (list student(s) 1st name & grade): \_\_\_\_\_

	Number of Students	Applicable Tuition
Full Day 3K - 8th Grade <i>(see tuition schedule page 4)</i>		\$
Half Day 3K or 4K [7:45-11 AM] <i>(\$2,700)</i>		\$
8th Grade Graduation Fee <i>(\$55)</i>		\$
WI Choice Program <i>(No deposit required)</i>		\$ 0
SNSP <i>(No deposit required)</i>		\$ 0
<b>Total Tuition Due (without financial aid)</b>		\$
<b>Non-refundable Tuition Deposit Per Family (Deposit is applied to tuition)</b>		- \$200
<b>Scrip Credit (Office use only)</b>		-
<b>Financial Aid Applied (Office use only)</b>		-
<b>Remaining Tuition Balance (Office use only)</b> <i>This amount will be added to your Facts payment plan.</i>		\$

All fees and tuition for the **2026-27** school year will be paid in full by **June 10, 2027**. 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 and/or aftercare balances for the current **2025-26** school year are not paid in full by **June 10, 2025**, a meeting with the principal is required prior to the beginning of the **2026-2027** school year to make payment arrangements. Your child will not be enrolled in St. Elizabeth Ann Seton Catholic School for the 2026-2027

school year until this meeting has taken place and an acceptable resolution has been agreed upon. Failure to follow this procedure will result in the forfeiture of the registration deposit.

**Signature of Parent/Guardian**

**Date**

**Please attach(if required) the following document to this registration form:**

- Non-refundable registration deposit of \$200 made payable to Seton Catholic School.
- Original Birth Certificate (New students only. Birth certificate will be returned)
- Immunization Records or Waiver (New students only)
- Proof of Residency (School of Choice/SNSP students only) *{Acceptable documents include: Property tax bill, current lease, or utility bill (water, gas, electric, cable, landline). Other items include wage statements, government correspondence, or a voter registration card, FoodShare, W2, SSI}*