Office use only - Spring 2022
Principal Review
Entered/Updated in Power School
Entered/Updated in Google Email
Entered/Updated in 22-23 Directory
Entered in 22-23 School Rooster
Early Registration
Deposit Paid/CK #
FACTS
Parcel Look up
Initials



2022-2023 Registration/Tuition Form

Please fill in completely and print clearly as this information must be accurately entered into our data symste. **Father/Guardian Information** Father/Guardian's Name (Last, First) Home Address (Number, Street, City, State, Zip) ☐ Same as Student's Address **Home Phone Cell Phone Work Phone Email Address Employer** Occupation ☐ Catholic ☐ other ☐ Holy Name of Jesus ☐ St. Dominic Religion ☐ St. Clement ☐ other Father/Guardian (Please check all that apply) ☐ Live with student ☐ List Home/Cell Phone in School Directory ☐ List email in School Directory ☐ List Address in School Directory **Mother/Guardian Information** Mother/Guardian's Name (Last, First) Home Address (Number, Street, City, State, Zip) ☐ Same as Student's Address **Home Phone Cell Phone Work Phone Email Address Employer** Occupation ☐ Catholic ☐ other Religion \square Holy Name of Jesus \square St. Dominic ☐ St. Clement ☐ other Mother/Guardian (Please check all that apply) ☐ Live with student ☐ List Home/Cell Phone in School Directory ☐ List email in School Directory ☐ List Address in School Directory Marital Status ☐ Married ☐ Single ☐ Widowed ☐ Divorced/Separated □ No If parents do not live together, is there a custody agreement on file? ☐ Yes □ No Bus service requested. ☐ Yes

Emergency (Contact Information- All	Information Required, Print Clea	arly	
Primary Emergency Contact N	lame (Last, First)			
Home phone		Cell phone		
preferred		preferred		
Relationship				
Secondary Emergency Contac	t Name (Last, First)			
Home phone		Cell phone		
austaun d		austania d		
preferred		preferred		
Relationship				
Third Emergency Contact Nan	ne (Last, First)			
Home phone		Cell phone		
preferred		preferred		
Relationship				
	Required First Student Ir	nformation- Print Clearly		
Grade Entering		Current Age	□SNSP □Choice	
Student Name (Last, First, Middle)				
☐ Male ☐ Female	Date of birth			
Health (please describe any heal	Ith conditions that the scho	ool should be aware of including alle	rgies, 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				
Fill in below for new families	only.			
Has student been baptized?	☐ Yes ☐ No			
Baptism Date (if applicable)		Baptism Location (if applicable)		
Has Student received First Ho	ly Communion? Yes	□ No		
Date		Location		

Required Second Student Information- Print Clearly					
Grade Entering		Current Age	□SNSP □Choice		
Student Name (Last, First, Middle)					
☐ Male ☐ Female	Date of birth				
Health (please describe any he asthma, seizure, bee sting aller		ool should be aware of includin	ng allergies, ADD, ADHD,		
Ethnicity (for office use only ☐ White, Non-Hispanic ☐ ☐ Multiracial ☐ American	Hispanic ☐ Asian/Pacific	slander 🗆 Black/Non-Hispa	nic		
Fill in below for new familie	es only.				
Has student been baptized?	P ☐ Yes ☐ No				
Baptism Date (if applicable)		Baptism Location (if applic	able)		
Has Student received First F	loly Communion? ☐ Yes	□ No			
Date		Location			
· · · · · · · · · · · · · · · · · · ·					
	Required Third Student	nformation- Print Clearly			
Grade Entering	Required Third Student	nformation- Print Clearly Current Age	□SNSP □Choice		
Grade Entering Student Name (Last, First, N	•	<u>'</u>	□SNSP □Choice		
	•	<u>'</u>	□SNSP □Choice		
Student Name (Last, First, N	Middle) Date of birth ealth conditions that the sch	<u>'</u>			
Student Name (Last, First, Name	Date of birth ealth conditions that the sch rgy, food allergies, etc.) y) Hispanic Asian/Pacific	Current Age	ng allergies, ADD, ADHD,		
Student Name (Last, First, Name	Date of birth ealth conditions that the sch rgy, food allergies, etc.) y) Hispanic Asian/Pacific Indian/Alaskan Other	Current Age ool should be aware of including	ng allergies, ADD, ADHD,		
Student Name (Last, First, Name	Date of birth ealth conditions that the sch rgy, food allergies, etc.) y) Hispanic	Current Age ool should be aware of including	ng allergies, ADD, ADHD,		
Student Name (Last, First, Name Male Female Health (please describe any hasthma, seizure, bee sting aller Ethnicity (for office use only White, Non-Hispanic Multiracial American Fill in below for new familie	Date of birth ealth conditions that the sch rgy, food allergies, etc.) y) Hispanic	Current Age ool should be aware of including	ng allergies, ADD, ADHD,		
Student Name (Last, First, Male Female Health (please describe any heasthma, seizure, bee sting aller Ethnicity (for office use only White, Non-Hispanic Multiracial American Fill in below for new familie Has student been baptized?	Date of birth ealth conditions that the sch rgy, food allergies, etc.) y) Hispanic	ool should be aware of including	ng allergies, ADD, ADHD,		

Required Fourth Student Information-Print Clearly				
Grade Entering		Current Age	□SNSP □Choice	
Student Name (Last, First, Mic	ddle)			
☐ Male ☐ Female	Date of birth			
Health (please describe any hea asthma, seizure, bee sting allergy		ool should be aware of includ	ing allergies, ADD, ADHD,	
Ethnicity (for office use only) ☐ White, Non-Hispanic ☐ Hi ☐ Multiracial ☐ American In	•	slander □ Black/Non-Hisp	anic	
Fill in below for new families	only.			
Has student been baptized? [☐ Yes ☐ No			
Baptism Date (if applicable)		Baptism Location (if appl	icable)	
Has Student received First Ho	ly Communion? Yes	□ No		
Date		Location		
Required Fifth Student Information- Print Clearly				
	Required Fifth Student II	nformation- Print Clearly		
Grade Entering	Required Fifth Student II	nformation- Print Clearly Current Age	□SNSP □Choice	
		<u>-</u>	□SNSP □Choice	
Grade Entering		<u>-</u>	□SNSP □Choice	
Grade Entering Student Name (Last, First, Mic	ddle) Date of birth Ith conditions that the scho	Current Age		
Grade Entering Student Name (Last, First, Mid ☐ Male ☐ Female Health (please describe any hea	Date of birth Ith conditions that the schoon, food allergies, etc.)	Current Age	ing allergies, ADD, ADHD,	
Grade Entering Student Name (Last, First, Mid ☐ Male ☐ Female Health (please describe any hea asthma, seizure, bee sting allergy) Ethnicity (for office use only) ☐ White, Non-Hispanic ☐ Hi	Date of birth Ith conditions that the school, food allergies, etc.) spanic Asian/Pacific I dian/Alaskan Other	Current Age	ing allergies, ADD, ADHD,	
Grade Entering Student Name (Last, First, Mid ☐ Male ☐ Female Health (please describe any hea asthma, seizure, bee sting allergy) Ethnicity (for office use only) ☐ White, Non-Hispanic ☐ Hi ☐ Multiracial ☐ American In	Date of birth Ith conditions that the school, food allergies, etc.) spanic	Current Age	ing allergies, ADD, ADHD,	
Grade Entering Student Name (Last, First, Mid ☐ Male ☐ Female Health (please describe any hea asthma, seizure, bee sting allergy Ethnicity (for office use only) ☐ White, Non-Hispanic ☐ Hi ☐ Multiracial ☐ American In Fill in below for new families	Date of birth Ith conditions that the school, food allergies, etc.) spanic	Current Age	ing allergies, ADD, ADHD, anic	
Student Name (Last, First, Mides) Male Female Health (please describe any hear asthma, seizure, bee sting allergy) Ethnicity (for office use only) White, Non-Hispanic Him Multiracial American Infill in below for new families Has student been baptized?	Date of birth Ith conditions that the school, food allergies, etc.) spanic	Current Age ool should be aware of includ slander □ Black/Non-Hisp Baptism Location (if appl	ing allergies, ADD, ADHD, anic	

	Tuition Form- Ch	neck You	r Schedi	ule Choice for 4K	
Early	Registration FULL day	4K through	7 th Grade	Tuition (ENDS April 4,	2022)
	Parish memb	er (P) and N	Non-Parish	member (NP)	T
1 Child	2 Children		ldren	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
	= l	th	= /=-		
				EGINS April 5, 2022) member (NP)	
1 Child	2 Children	3 Chi		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 Gra	de Tuition		
Early Registration (EN	IDS April 4, 2022) is \$3	,440 (Parish	n) \$3,690 (N	Non-Parish) to cover gr	aduation expenses.
Regular Tuition (BEGI	NS April 5, 2022) is \$3,	,540 (Parish) \$3,790 (N	Ion-Parish) to cover gr	aduation expenses.
4K T	uition (early registrati	on discoun	t applies to	only full day registra	tion)
☐ 5 Half Days	Monday-Friday (7:5	55am-11:00	am)	\$2,150 (Parish) \$2,	400 (Non-Parish)
☐ 5 Full Days	Monday-Friday (7:5	55am-3:00p	m)	See full day tuition	tables above.
	Paymer	nt Options (please che	ck one)	
☐ Full Payment via I	FACTS on or before 7/6	5/2022	☐ Semi-A	Annual payment via FA	CTS
(no fee for single payn	nent)			e 7/6/2022 and 50% due 2,	/5/2023
			(\$10 fee	for two payments)	
☐ Monthly Paymen					
	/ 6/1/2022 with first payme	ent in July. Dra	aws are sched	duled for the 5 th and 20 th of	the month.
(\$41 fee for three or n		to set un ACI	I and annly f	or financial assistance	
Visit https://online.factsmgt.com/signin/4HRLZ to set up ACH and apply for financial assistance.					
2022-2023 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 15, 2022 (Apply online via FACTS) Thank You letter with Registration					
St. Vincent de Paul Society (Required forms will be sent home in all)mid-summer/early f					
Knights of Columbus (K of C families are eligible)					
SNSP Application for those with IEP's					
Wisconsin School Choice Program (Open enrollment is February 1 through April 30, 2022. The					
application link is found at dpi.wi.gov/sms/choice-programs)					
approximent to an a company of the property					
Requested financial assistance: \$					
Our cost per student	is \$8,550. Tuition of \$	3,500 mear	ns that \$5,0	50 of expenses per ch	ild must be covered

by Parish support and fundraising. This includes multi-student discounts. Any financial assistance not

financial assistance in a timely manner may result in denial of financial assistance.

covered by the groups above adds to the required Parish support and fundraising needs. Refusal to apply for

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Tuition Responsibility Agreement-Fill in Completely

	l,(Paren	t/Guardian), am responsible [.]	for the payment of the reg	gistration fee and tuition for:
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Student (List Names)	Grade	SNSP	Choice	
Total Tuition Due (wit	hout financial aid)			\$
Non-refundable T	uition Deposit			- \$100
Scrip Credit (Off	ce use only.)			-
Remaining Tuition Balar	ice (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 2022-23 school year will be paid in full by May 21, 2023. 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 2021-22 school year are not paid in full by May 21,				
2022, a meeting with the principal is required prior to the beginning of the 2022-2023 school year to make				
payment arrangements. Your child will not be enrolled into St. Elizabeth Ann Seton Catholic School for the				
2022-2023 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	orrende or the region at	Date		
signature of Fareing Guardian.			"	
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) 				