

**ST. FRANCIS SCHOOL - PRESCHOOL
2020-2021 STUDENT APPLICATION FOR REGISTRATION**

STUDENT: _____ MALE / FEMALE BIRTHDATE: _____ ENTERING GRADE: _____
LAST FIRST MIDDLE

ADDRESS: _____ CITY: _____, WI ZIP: _____ TOWNSHIP: _____

HOME TELEPHONE: _____ RELIGION: _____ PARISH: _____

PLACE OF BIRTH: CITY: _____ COUNTY: _____ STATE: _____

STUDENT LIVES WITH (CIRCLE ONE): BOTH PARENTS FATHER MOTHER ALTERNATES WITH FATHER/MOTHER OTHER

IS THERE A CHILD CUSTODY DECREE IN EFFECT? ____ IF YES, A COPY OF THAT PORTION OF THE DECREE NEEDS TO BE ON FILE AT ST. FRANCIS.

FATHER: _____ HOME PHONE: _____ RELIGION: _____
LAST FIRST MIDDLE

ADDRESS: _____ CITY: _____ ZIP: _____

PLACE OF EMPLOYMENT: _____ CITY: _____ WORK PHONE: _____

OCCUPATION: _____ CELL: _____ EMAIL: _____

MOTHER: _____ HOME PHONE: _____ RELIGION: _____
LAST FIRST MIDDLE

ADDRESS: _____ CITY: _____ ZIP: _____

PLACE OF EMPLOYMENT: _____ CITY: _____ WORK PHONE: _____

OCCUPATION: _____ CELL: _____ EMAIL: _____

PLEASE LIST ALL OTHER FAMILY MEMBERS WHO ARE 4YK-12 STUDENTS IN THE ELLSWORTH COMMUNITY SCHOOL DISTRICT:

NAME: _____ GRADE: _____ SCHOOL: _____

NAME: _____ GRADE: _____ SCHOOL: _____

NAME: _____ GRADE: _____ SCHOOL: _____

SELECT THE OPTIONS YOU ARE REGISTERING FOR (FOR 3 YR OLD PROGRAM, PLEASE SELECT FIRST CHOICE (1) AND SECOND CHOICE (2)):					
	3 YR OLD - MON/WED/FRI		3 YR OLD - TUE/THURS		3 YR OLD - MON-FRI
	INTRO TO PRESCHOOL		WRAPAROUND MORNING		WRAPAROUND AFTERNOON

PLEASE NOTE: ALL FAMILIES ARE REQUIRED TO HAVE THEIR OWN HEALTH/ACCIDENT INSURANCE. THE SCHOOL DOES NOT PROVIDE ANY TYPE OF HEALTH OR ACCIDENT INSURANCE FOR INJURIES INCURRED BY YOUR CHILD AT SCHOOL.

PARENT SIGNATURE: _____ DATE: _____