

# AQUINAS CATHOLIC SCHOOLS ENROLLMENT FORM

## 2019-2020

**A**

### Parent, Guardian, or Other Adult

If there are additional parent guardian(s) please duplicate this information and submit with application.

Relationship to student(s): ☐Father ☐Mother ☐Grandparent  
☐Step-father ☐Step-mother ☐Guardian ☐Other

Last Name

First Name

Address

Apt. #

City

State

Zip Code

Home Phone

Cell Phone

Email (for communication)

Work Phone

☐ Catholic ☐ Non-Catholic

Parish/Church

Occupation

Employer

Public School District

**C**

### Student Information

If there are additional students, please duplicate this information and submit with application.

Student #1 Legal Name

Entering School and Grade

Previous School

Gender and Birthdate

Religion and Parish

Student Race (statistics only)

Has your child: ☐Have an IEP or 504 Plan ☐Received Title 1 services

☐Been in a Gifted/Talented Program ☐Been suspended or expelled

☐Have special physical or medical needs

Student #3 Legal Name

Entering School and Grade

Previous School

Gender and Birthdate

Religion and Parish

Student Race (statistics only)

Has your child: ☐Have an IEP or 504 Plan ☐Received Title 1 services

☐Been in a Gifted/Talented Program ☐Been suspended or expelled

☐Have special physical or medical needs

**B**

### Parent, Guardian, or Other Adult

If there are additional parent guardian(s) please duplicate this information and submit with application.

Relationship to student(s): ☐Father ☐Mother ☐Grandparent  
☐Step-father ☐Step-mother ☐Guardian ☐Other

Last Name

First Name

Address

Apt. #

City

State

Zip Code

Home Phone

Cell Phone

Email (for communication)

Work Phone

☐ Catholic ☐ Non-Catholic

Parish/Church

Occupation

Employer

Student #2 Legal Name

Entering School and Grade

Previous School

Gender and Birthdate

Religion and Parish

Student Race (statistics only)

Has your child: ☐Have an IEP or 504 Plan ☐Received Title 1 services

☐Been in a Gifted/Talented Program ☐Been suspended or expelled

☐Have special physical or medical needs

Student #4 Legal Name

Entering School and Grade

Previous School

Gender and Birthdate

Religion and Parish

Student Race (statistics only)

Has your child: ☐Have an IEP or 504 Plan ☐Received Title 1 services

☐Been in a Gifted/Talented Program ☐Been suspended or expelled

☐Have special physical or medical needs

**D****Additional Information**

If there are additional students, please duplicate this information and submit with application.

Does your family have any other siblings that are not school aged or are currently enrolled at a different school? If yes, please list below.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: M F Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Gender: M F Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

The parent's signature on this application provides consent for parent/student information to be published in the school directory and for the enrolled child(ren)'s picture to be used in publications, school websites, or news releases generated by Aquinas Catholic Schools unless the parent specifically indicates otherwise here: ☐ Do not publish directory information ☐ No photo release

**E****Enrollment Deposit and Agreement**

Each family must submit a \$100 non-refundable deposit in order to complete the enrollment process. This fee will be credited toward 2019-2020 tuition upon acceptance. The enrollment fee is not refunded if the family chooses to withdraw the application.

**VERIFIED CHOICE-ELIGIBLE FAMILIES:** The enrollment fee is waived for any family that has been verified by the ACS Central Office as Choice-eligible. You should submit your enrollment form together with your verification documentation.

**FINANCIAL AID:** Families must submit the enrollment form and fee before an application for financial aid can be considered. Families should return all registration forms and fees together to any school office or to our central office at:

Aquinas Catholic Schools  
315 11th South Street Suite 2200  
La Crosse, WI 54601

**F****Enrollment Deposit and Agreement**

We, the undersigned, certify that the information provided in this enrollment application is accurate and complete. Aquinas Catholic Schools retains the right to cancel enrollment at any time if this application contains false or misleading information. Upon admission to Aquinas Catholic Schools, we agree to comply with all the rules and regulations as set forth by Aquinas Catholic Schools. In addition, we agree to cooperate and assist the administration, faculty and staff in promoting the integrity and high spiritual, moral, and academic standards set forth by Aquinas Catholic Schools. We acknowledge that Aquinas Catholic Schools reserves the right to cancel enrollment at any time for reasons of academic, moral, or character deficiency as well as any actions detrimental to the Diocese of La Crosse, or the faculty, administration, staff, facilities and name of Aquinas Catholic Schools.

We have received a copy of and agree to abide by the "Tuition, Scholarships, and Financial Guidelines for 2019-2020." Upon admission, the guardian(s) signing below accept financial responsibility for all tuition, pledges, fees, and charges on behalf of the named students. It is our obligation to make timely payments, and we understand that late charges may be assessed to accounts in arrears. We further understand that if our account becomes severely delinquent, the school may withhold report cards, transcripts, and/or school records, our children may face suspension from attendance at school and/or may not be permitted to register for subsequent years. The school system shall have the right to legal action for non-payment of tuition and fees.

The signatures of both parents are required. In the case of divorce or separation, the parent(s) signing below accept full financial responsibility.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

FOR OFFICE USE ONLY:

DATE RECEIVED: \_\_\_\_\_ AUTHORIZED INITIALS: \_\_\_\_\_ CHECK # \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_ Family ID: \_\_\_\_\_