

AQUINAS CATHOLIC SCHOOLS

2024-2025 ENROLLMENT APPLICATION FORM

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 (Legal Name) _____ First Name (Legal 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 _____

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 (Legal Name) _____ First Name (Legal Name) _____

Address _____ Apt. # _____

City _____ State _____ Zip Code _____

Home Phone _____ Cell Phone _____

Email (for communication) _____ Work Phone _____

Catholic Non-Catholic _____ Parish/Church _____

Occupation _____ Employer _____

C

Student Information

For students who are NEW to Aquinas Catholic Schools. If there are additional student(s) please duplicate this information and submit with application

Student #1 Legal Name _____
Last Name First Name Middle Name

Entering School or Grade _____

Previous School(s) attended: _____ Year(s) attended: _____

Gender and Birthdate _____

Religion and Parish _____

T-Shirt Size: YXS YS YM YL S M L XL

Ethnicity: Statistics only Hispanic or Latino Not Hispanic or Latino

Federal Race: Statistics only (Check all that apply)

American Indian/Native Alaskan Asian Black/African American
Native Hawaiian/Pacific Islander White

Local Race: Statistics Only (Please only choose one)

Asian Black Hispanic Indian Multiracial White Other

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 #2 Legal Name _____
Last Name First Name Middle Name

Entering School or Grade _____

Previous School(s) attended: _____ Year(s) attended: _____

Gender and Birthdate _____

Religion and Parish _____

T-Shirt Size: YXS YS YM YL S M L XL

Ethnicity: Statistics only Hispanic or Latino Not Hispanic or Latino

Federal Race: Statistics only (Check all that apply)

American Indian/Native Alaskan Asian Black/African American
Native Hawaiian/Pacific Islander White

Local Race: Statistics Only (Please only choose one)

Asian Black Hispanic Indian Multiracial White Other

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 _____
Last Name First Name Middle Name

Entering School or Grade _____

Previous School(s) attended: _____ Year(s) attended: _____

Gender and Birthdate _____

Religion and Parish _____

T-Shirt Size: YXS YS YM YL S M L XL

Ethnicity: Statistics only Hispanic or Latino Not Hispanic or Latino

Federal Race: Statistics only (Check all that apply)

American Indian/Native Alaskan Asian Black/African American
Native Hawaiian/Pacific Islander White

Local Race: Statistics Only (Please only choose one)

Asian Black Hispanic Indian Multiracial White Other

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

****If you are enrolling more than 3 students, you may request a 2nd paper enrollment application form for your additional students****

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

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

Does your family have any other siblings who are not school aged or who 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: ___/___/___

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 2024-2025 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

This institution is an equal opportunity provider.

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 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 2024-2025.” 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 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: (Office & Admin initial along with date)

Date Received: _____ Office Staff Initial: _____ School Administrator Initial: _____ Accept or Decline (circle one)

Check #: _____ Amount \$: _____ Skyward Entry: _____ Family ID: _____