

# ST. WENCESLAUS SCHOOL – APPLICATION FORM

Today's Date: \_\_\_\_\_

School Year Applying for (please circle): **2017-18** **2018-19**

**2018-19**

**Student Name:** \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Preferred First Name

**Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Gender:** \_\_\_ Male \_\_\_ Female **Student's Religion:** \_\_\_\_\_

**Ethnicity** (as required by the State of Nebraska):  Non-Hispanic  Hispanic

**Race** (check all that apply):  American Indian  Asian  Black  Pacific Islander  White  Multi: \_\_\_\_\_

**Student lives with:** \_\_\_ Both Parents \_\_\_ Mother \_\_\_ Father \_\_\_ Other (please specify): \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
Street Address City State Zip

**Subdivision:** \_\_\_\_\_ **Public School District:** \_\_\_\_\_

**Grade** (Circle One) : **2-day PS** **3-day PS** **5-day PK** **Hi-5** **K** **1** **2** **3** **4** **5** **6** **7** **8**

**Preschool Time Preference – Please place a “1” by your first choice and a “2” by your second choice:**

2-Day (Tues/Thurs) – must be 3 years old by July 31, 2018 & **potty trained** AM \_\_\_\_ (7:55-11:00am) PM \_\_\_\_ (12:00-3:00pm)  
 3-Day (Mon/Wed/Fri) – must be 4 years old by December 31, 2018 AM \_\_\_\_ (7:55-11:00am) PM \_\_\_\_ (12:00-3:00pm)  
 5-Day Pre-Kindergarten (Mon-Fri) must be 4 years old by July 31, 2018 AM \_\_\_\_ (7:55-11:05am) PM \_\_\_\_ (12:00-3:05pm)  
 High Five (Mon-Fri) – must be 5 years old by December 31, 2018 AM \_\_\_\_ (7:55-11:10am) PM \_\_\_\_ (12:00-3:10pm)

**Kindergarten Preference** (5 years old by July 31, 2018):  All Day (Runs 7:55am-3:10pm)  Half Day (Runs 7:55-11:40am)

**Kindergarten Round-up Session Preference** (scheduled for 2/16/18):  AM (9-11am)  PM (12:30-2:30pm)  Either session

**AM/PM Preschool Preference:**  Must have AM  Prefer AM  No preference  Prefer PM  Must have PM

	Father's Information	Mother's Information
<b>Name</b>		
<b>Religion</b>		
<b>Occupation</b>		
<b>Employer</b>		
<b>Home Phone</b>		
<b>Cell Phone (req'd)</b>		
<b>E-Mail (required)</b>		
<b>Status</b>	Married ___ Single ___ Widowed ___ Separated ___ Divorced ___ Remarried ___ Deceased ___	Married ___ Single ___ Widowed ___ Separated ___ Divorced ___ Remarried ___ Deceased ___

**FAMILY INFORMATION (to be completed by parent):**

St. Wenceslaus Parishioners: \_\_\_ Yes \_\_\_ No \_\_\_ Planning to register  
 Date Registered/Planning to register: \_\_\_\_\_

Other children enrolled at St. Wenceslaus School: \_\_\_ Yes \_\_\_ No  
 If non-parishioner, current church: \_\_\_\_\_  
 If transferring, current school: \_\_\_\_\_  
 Out-of-state transfer: \_\_\_ Yes \_\_\_ No  
 City/State transferring from: \_\_\_\_\_  
 Child baptized at St. Wenceslaus: \_\_\_ Yes \_\_\_ No

**FOR OFFICE USE:**

New – In House  New – Parish  New - OOP  
 Baptismal Certificate  Birth Certificate  
 Immun. Records  School Physical Rec'd  
 \$250 **New** Family Deposit Check # \_\_\_\_\_  
 Signed Records Release Form  
 Records Sent: \_\_\_\_\_ Received: \_\_\_\_\_  
 Homeroom Assignment: \_\_\_\_\_  
 Math Placement (Gr. 3-8) Date: \_\_\_\_\_

\*\*\* PLEASE COMPLETE REVERSE SIDE \*\*\*

**STUDENT INFORMATION:**

**SACRAMENTS RECEIVED (please provide accurate dates, even if the Sacrament was received at St. Wenceslaus):**

**Baptism**            Date: \_\_\_ / \_\_\_ / \_\_\_            Church: \_\_\_\_\_            City/State: \_\_\_\_\_  
**Reconciliation**    Date: \_\_\_ / \_\_\_ / \_\_\_            Church: \_\_\_\_\_            City/State: \_\_\_\_\_  
**1st Communion**    Date: \_\_\_ / \_\_\_ / \_\_\_            Church: \_\_\_\_\_            City/State: \_\_\_\_\_  
**Confirmation**      Date: \_\_\_ / \_\_\_ / \_\_\_            Church: \_\_\_\_\_            City/State: \_\_\_\_\_

**SIBLINGS:**

Name	Birth Date	Current School	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**PLEASE LIST ANY MEDICAL ISSUES (allergies, asthma, diabetes, ADHD, etc...) THAT YOUR CHILD HAS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SCHOOL(S) PREVIOUSLY ATTENDED:**

Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Dates: \_\_\_\_\_  
Name: \_\_\_\_\_ City/State: \_\_\_\_\_ Dates: \_\_\_\_\_

Has your child taken Spanish at a previous school?: \_\_\_\_\_

Has your child taken any Advanced Math class(es) at a previous school?: \_\_\_\_\_

**IF TRANSFERRING, REASON FOR TRANSFERRING:** \_\_\_\_\_  
\_\_\_\_\_

SERVICES CURRENTLY RECEIVING
___ IEP
___ 504
___ Accommodations
___ Speech
___ Other: _____
Additional information (including where testing was done and concerns teacher should be aware of): _____ _____

SERVICES PREVIOUSLY RECEIVED
___ IEP
___ 504
___ Accommodations
___ Speech
___ Other: _____
Date Services Were Dismissed: _____
Reason Services Were Dismissed: _____ _____ _____

**ADDITIONAL INFORMATION YOU WOULD LIKE US TO KNOW ABOUT YOUR CHILD:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ITEMS REQUIRED AT TIME OF APPLICATION:**

- An **original birth certificate**, as directed by the State of Nebraska. The school office will copy and return original.
- An **original baptismal certificate** (or date of baptism if baptized at St. Wenceslaus). The school office will copy and return.
- A \$250 non-refundable deposit (only for families NEW to St. Wenceslaus School). **Upon acceptance**, this payment will be deposited and applied to your tuition. Please note that receipt of your deposit check does not guarantee acceptance into St. Wenceslaus. See the "Application Instructions" sheet for further acceptance information.

**ITEMS REQUIRED PRIOR TO THE START OF SCHOOL:**

- A **current immunization records** for all students and a **school physical** (completed within six months of the start of school) for Kindergarten, 7<sup>th</sup> grade and any student transferring from out of state.