



# St. William Catholic School

2559 North Sayre Avenue, Chicago IL · 773.637.5130

[www.stwilliamschool.org](http://www.stwilliamschool.org)

*Growing together in faith, love, and wisdom.*

## ADMISSION PROCESS

### Required documentation and fees:

- Completed application
- Copy of original birth certificate and a copy of a baptismal certificate (Catholic).
- Vaccination, Dental and Vision records are due before the first day of school.
- A non-refundable Registration Fee per family \$150
  - **If paid by March 29, 2024, the Registration Fee will be \$50, afterwards, \$150 - \$100 OFF!!**

### Transfer students must also include:

- Report cards and recent standardized test scores from previous school, grade 1 through 7.

If space is available, parents will be notified of acceptance. If needed, parents will be contacted to schedule appointments for interviews/placement testing. This screening is for academic placement, not school admission. Preschool children must be 3 or 4 years old by September 1st of the beginning of the school year. Kindergarten children must be 5 years old by September 1st.

### Financial aid applicants must complete the following steps:

1. FACTS Grant & Aid Application by **March 15, 2024** (information and link included in packet)
2. CARITAS Scholarship through FACTS **by March 15, 2024** (click on yes)

If you have a Caritas Scholarship with the Archdiocese those must be renewed through FACTS every year. Families applying for financial aid will need to complete an application and submit the necessary supporting documentation to all of the above scholarship applications every year. Once an online application has been completed, the following information will need to be sent to FACTS to complete the application process:

- Copies of your most recent Federal tax forms including all supporting tax schedules.
- Copies of your most recent W-2 forms for both you and any household family members.
- Copies of supporting documentation for Social Security Income, Welfare, Child Support, Food Stamps, Workers' Compensation, and TANF.

# 2024-2025 St. William School APPLICANT INFORMATION

(Please complete for each child applying)

Applying for 2024 – 2025 Grade: PS3 PS4 K 1 2 3 4 5 6 7 8 Oldest and/or Only Child: Yes No

Total Number of Children in the Family Enrolled at St. William School (circle one): 1 2 3 4 5

Student Name (last, first, middle) \_\_\_\_\_

Male  Female Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Birth (city, state or country) \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Religion \_\_\_\_\_

Baptism *if applicable* (date, church, city and state) \_\_\_\_\_

Communion *if applicable* (date, church, city and state) \_\_\_\_\_

Confirmation *if applicable* (date, church, city and state) \_\_\_\_\_

**Ethnicity:** Is this student Hispanic/Latino?  Yes  No

**Race** (Choose one or more):

- Two or more races  American Indian/Alaskan  Asian  Black/African American  
 Middle Eastern  Native Hawaiian/Pacific Islander  White

Primary language spoken at home: \_\_\_\_\_ Secondary language spoken at home: \_\_\_\_\_

Public School Student would attend: \_\_\_\_\_ School District No. \_\_\_\_\_

**Student is a current CCD/Religious Education student:**  No  Yes

If yes, please list Parish name: \_\_\_\_\_

**Student lives with:**  Both  Mother  Father  Other \_\_\_\_\_

Medical Conditions we should be aware of:  Yes  No Allergies:  Yes  No

If yes, please explain: \_\_\_\_\_

### Transfer Students Only:

Student's Current School/Preschool: \_\_\_\_\_ School's Phone: ( \_\_\_\_ ) \_\_\_\_\_

School's Address/City/State/Zip: \_\_\_\_\_

Dates of attendance at current school: \_\_\_\_\_

Reason for leaving school:  
\_\_\_\_\_

## OFFICE USE ONLY

Student Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Financial Aid App:  N/A  Completed date: \_\_\_\_/\_\_\_\_/\_\_\_\_

- Checklist:**       Emergency Form       other: \_\_\_\_\_
- School Transcripts    Birth Certificate       Health Form       Dental Form       Vision Form
- PowerSchool       FACTS Application       Baptism Certificate    Confirmation Certificate
- FSP Account       Medicine Release Form

## FAMILY INFORMATION

### Father's Name/Guardian 1

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Marital Status (M=Married, S=Separated, D=Divorced, W=Widowed, O=Other): \_\_\_\_\_

Primary Language:  English    Spanish    Other: \_\_\_\_\_

Father is a graduate of St. William School:  Yes    No

### Mother's Name/Guardian 1

Name: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Marital Status (M=Married, S=Separated, D=Divorced, W=Widowed, O=Other): \_\_\_\_\_

Primary Language:  English    Spanish    Other: \_\_\_\_\_

Mother is a graduate of St. William School:  Yes    No

How did you hear about St. William School?  Church    Advertisement

Referral by current family: \_\_\_\_\_

Other: \_\_\_\_\_

Are you a St. William Parishioner?  Yes    No: If no, please list Parish name: \_\_\_\_\_

Are you applying for Financial Aid:  Yes    No

Did you receive a CARITAS scholarship at another Chicago Archdiocese School last year?  Yes    No

## SIBLING INFORMATION

Please complete this portion for siblings that are not attending St. William School for the upcoming school year.

1. Sibling's Full Name \_\_\_\_\_  Male  Female  
Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Current School \_\_\_\_\_  
Graduate of St. William:  Yes  No

2. Sibling's Full Name \_\_\_\_\_  Male  Female  
Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Current School \_\_\_\_\_  
Graduate of St. William:  Yes  No

3. Sibling's Full Name \_\_\_\_\_  Male  Female  
Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Current School \_\_\_\_\_  
Graduate of St. William:  Yes  No

## SUBMISSION

- A copy of the most recent report card is enclosed for each child applying for admission (for grades 1-8 only).
- Birth Certificate is enclosed each child applying for admission.
- Baptismal/Sacramental documents are enclosed each child applying for admission.
- FACTS tuition account created and non-refundable \$150 registration fee per family paid.
- How did you hear of St. William School? \_\_\_\_\_
- Were you referred by a current St. William School Family? If so, who \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

St. William School does not discriminate on the basis of sex, race, color, or national origin in the administration of admissions and educational policies, financial aid, or other school-related activities. Demographic information (e.g. race) is requested for Archdiocesan reporting purposes. It is not used in the admission decision.

## FOR PRESCHOOL ONLY

Please indicate your preference in classes. We offer all day classes, for 5 days a week. Children must be toilet independent.

Your child must be 3 or 4 years old by September 1 of the School Year.

- My child will be 3 by September 1st.  My child will be 4 by September 1st.