ST. FRANCIS DE SALES HIGH SCHOOL
REGISTRATION FORM

Student Last Name

Student First Name

Student Middle

Address

City

State

ZIP

Religion of Student

Grammar School / Jr High Graduated From

Residential High School District Name

Date of Birth

Place of Birth

Father / Male Guardian Name

Father Phone

Father Occupation

Father Employer

Mother / Female Guardian Name

Mother Phone

Emergency Contact Name

Emergency Contact Phone

ST. FRANCIS DE SALES HIGH SCHOOL
FINANCIAL AID COMMON APPLICATION – PART 1

Student Name

Address

City / State / ZIP

Date of Birth

Phone

Email

Grade

Children / # Adults in Household

Father Name

Father Employer

Father Salary Before Taxes

Mother Name

Mother Employer

Mother Salary Before Taxes

Date

Father/Guardian Signature

Mother/Guardian Signature

ST. FRANCIS DE SALES HIGH SCHOOL
FINANCIAL AID COMMON APPLICATION – PART 2

Rent / Mortgage

Monthly IRS 1040

Financial Obligations

Tuition for Other Children

Other Expenses

Documents Submitted:

- W-2
- IRS 1040
- Check Stub
- Other

Please explain your financial situation:

FOR SFDS OFFICE USE

Signed / Approved Date

St. Francis de Sales High School
Chromebook Parent-Student Contract

Care & Responsibility:
• Do not leave Chromebook unattended
• Keep away from food, drinks, and pets
• No stickers or personalization
• Do not place heavy objects on device

Screen Care:
• Screen is sensitive—handle carefully
• Do not place objects between screen and keyboard
• Ensure keyboard is clear before closing

School Usage:
• Bring device charged daily
• Loaners may be issued if forgotten

Charging & Responsibility:
• Students responsible for damages or loss
• Families may be financially responsible

Loan:

- Devices may be loaned if forgotten
- Student responsible for borrowed device
- Failure to return requires replacement cost

Google Workspace Consent:

- Students use Google tools for school
- School manages accounts
- Data used per Google policies

By signing below, you give permission for account creation.

Parent Name:

Parent Signature:

Student Name:

Student Signature:

Date:

Chromebook Number:

Chromebook SN:

St. Francis de Sales High School
Parental Consent for Photo Release

I give permission for the Archdiocese of Chicago and affiliated organizations to use photographs of my child for advertising, promotion, and related purposes.

I understand I will not receive compensation and waive any rights to approve final materials that include these images.

I agree not to pursue legal action related to the use of these images.

Parent Name:

Parent Signature:

Student Name:

Date:

Voluntary Student Consent to Release Educational Records

I authorize the release of my educational records for monitoring academic progress.

This may include transcripts, GPA, enrollment verification, and related records.

This authorization remains in effect until graduation or up to eight years after high school graduation unless revoked in writing.

Student Name:

Date of Birth:

Student Signature:

Date:

Parent/Guardian Name:

Parent/Guardian Signature:

Date:

Sports Medicine Acknowledgement & Consent

Concussion Information Summary

A concussion is a brain injury caused by a bump, blow, or jolt to the head.
All concussions are serious and should be treated with caution.

Signs may include:

- Appearing dazed or confused
- Memory issues or slow responses
- Balance problems or dizziness
- Changes in behavior or personality

Symptoms may include:

- Headache or pressure in the head
- Nausea or vomiting
- Sensitivity to light or noise
- Feeling sluggish, foggy, or groggy
- Difficulty concentrating or remembering

If any symptoms are observed, seek medical attention immediately.

Acknowledgement and Consent

By signing below, we acknowledge that we have received and understand information regarding concussions and student-athlete safety.

Consent for Self-Administration of Asthma Medication:
Parents/guardians must provide authorization and prescription details for students to carry asthma medication.

This form is required annually for student athletes.

Student Name:

Grade:

Student Signature:

Date:

Parent/Guardian Name:

Parent/Guardian Signature:

Date: