

SACRED HEART SCHOOL REGISTRATION FORM 2026-27

710 Kenyon St, Cashton, WI 54619

(608) 654-7733 school@smash3p.org



To prepare a more accurate budget and better serve the students enrolled, please complete the following form. This completed form and a nonrefundable registration fee of \$100.00 per family must be received in the school office by March 15th. Your cooperation is very important and deeply appreciated.

Father: (First) _____ (Middle) _____ (Last) _____

Mother: (First) _____ (Middle) _____ (Last) _____

Address: _____

Home phone: _____ Member of what Parish: _____

Father's cell phone: _____ Father's work phone: _____

Mother's cell phone: _____ Mother's work phone: _____

Father's email: _____

Mother's email: _____

Last school children attended: _____ Will children ride the bus? _____

I/we intend to enroll the following children at Sacred Heart School for the academic year 2026-2027

CHILD INFORMATION **(If new student, we need a copy of baptism certificate)**

Child 1 Full name: _____ Birthdate: _____

Place of birth (city, state, county) _____ Grade _____

Child 2 Full name: _____ Birthdate: _____

Place of birth (city, state, county) _____ Grade: _____

Child 3 Full name: _____ Birthdate: _____

Place of birth (city, state, county) _____ Grade: _____

Child 4 Full name: _____ Birthdate: _____

Place of birth (city, state, county) _____ Grade: _____

Child 5 Full name: _____ Birthdate: _____

Place of birth (city, state, county) _____ Grade: _____

TUITION*

Number of children (1st-8th) _____ x \$1,700 = _____

Number of children (4K 2- or 3-day) _____ x \$350/day = _____

Number of children (5K 3-, 4-, or 5-day) _____ x \$350/day = _____

Discount of \$100 per child beyond first _____ x -\$100/day = _____

Total Tuition Cost _____ Tuition family agrees to pay _____

(Required) Parent signature _____ Date _____

(Required) Pastor signature _____ Date _____

*For families whose child(ren) qualify and successfully apply for the Wisconsin Parental Choice Program (School Choice Program), the money received by the voucher will cover the cost of tuition for that child (i.e., your family's tuition from the above box is paid in full).

Parents can apply for the Wisconsin School Choice Program at <https://dpi.wi.gov/choice>

Please note that it costs nearly \$9,000 to educate each child at Sacred Heart of Jesus Catholic School. The remaining difference after tuition costs is generously covered by the donations and contributions of the Tri-Parish Catholic Community of Cashton-Norwalk.

★ 4K payment per year for 2 days is \$700 and 3 days is \$1,050.

★ 5K payment per year for 3 days is \$1050, 4 days is \$1,400, and 5 days is \$1,700.

○ Five-day 5K will be considered if there is enough interest.

PLEASE CHECK THE PAYMENT SCHEDULE WHICH YOU PREFER

_____ YEARLY (1 payment due on September 1)

_____ SEMESTER (2 payments... September 1/January 19)

_____ QUARTERLY (4 payments ... September 1/November 4/January 19/June 1)

_____ MONTHLY (10 payments ... September 1 and first Monday of each month through June)