



Dear Prospective Parents,

**St. Francis de Sales is a tuition-based, Archdiocese of Cincinnati C.I.S.E school and an Ohio EdChoice Provider school. Tuition for the 2026-2027 school year is \$6500.00 per child with a **non-refundable registration fee of \$100 per family -due at registration.****

Thank you for choosing to enroll your scholar at St. Francis de Sales School. Your child will receive a quality, integral education developing strong academic and technological skills needed to succeed in a diverse and competitive world. Through instruction in Catholic doctrine and Christian living, we aim to assist parents in your task of the moral and religious development of your child.

Attached is the **New Student Registration Packet** for *one* child. A New Student Registration Packet is required for *each child*. Please thoroughly complete and sign the forms and return the packet to the school office with all required documentation and the \$100 registration fee. **Only completed registrations will be accepted for consideration.** (Instructions on back page.)

**Your financial obligation:**

**\$6500.00 (per child)** to be paid in full by May 2027, please see below for financial aid information.

**\$100 Registration fee (per family)** due at registration

**Payment options:**

**1. Ohio EdChoice Scholarship Programs:**

We accept the EdChoice Scholarship as payment for tuition. To find out if you are eligible ask the SFDS office staff or visit the Ohio Dept. of Education website for precise application instructions at:

<http://education.ohio.gov/Topics/Other-Resources/Scholarships/EdChoice-Scholarship-Program>

In order to **assist** you in applying for the scholarship, you will need to provide us with the Request form with ALL required documentation. (See Check List below)

**2. Monthly payments:**

**Financial Assistance:** We are blessed to be able to offer *financial assistance* from the Catholic Education Foundation, CISE Tuition Aid Program, Ohio EdChoice Scholarship Programs, and Kremer Foundation.

**FACTS Management and Grant and Aid Assessment Services** handles our tuition accounts and financial aid assessment. To apply, you must enroll online with **FACTS**, sign up for one of their convenient payment plans and complete the ***Grant and Aid Assessment application for C.I.S.E financial aid and the Catholic Education Foundation funds.*** (Only one fee for both funds.)

**Registration process:**

**All new students in grades 3 through 8 will be tested for academic ability and placement by our school Psychologist and/or Counselor before they are accepted.** Testing is scheduled, on a first come first serve basis, once you turn in a complete registration packet. (Testing does **not** reserve a place for your child in any way. It is possible that your child's grade placement will be closed before their testing date.) On the day of testing we **MUST** have your child's current report card. This is **extremely** important, as the Psychologist and/or Counselor will *not* test without it.

We look forward to working with you and your child/children in the new school year. If you have any questions, please feel free to call us at 513-961-1953. Our Receptionists, Ms. Harper and Mrs. McDowell, are in the office Monday through Friday, 8:00 AM until 4:00 PM to take registrations. They can answer your questions and are glad to help fill out registration papers if needed.

Sincerely,

Joanne Browarsky  
Principal

**OVER >**



St. Francis  
de Sales  
School

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Dear Parent/Guardians,

In accordance with our school handbook there is a probationary period for each new student and those who have been passed on the condition of successfully completing summer school.

This takes place during the first trimester of attendance. Each week the teachers complete an appraisal regarding academics, attitude, behavior and health utilizing Option-C and Class Dojo. These areas include homework, grades, organization, attitude towards peers and teachers, behavior and attendance.

Your child's appraisal will be reviewed and you will be notified as to your child's standing in relation to our standards. Prior to the end of the first trimester, a final decision will be made and if he/she has progressed successfully, we will formally accept him/her into our school.

A probationary student will be withdrawn from St. Francis de Sales School if they are not making satisfactory progress in academics and behavior during this first trimester. If for any reason you have any questions regarding this school policy, please do not hesitate to call.

***We expect that you will also contact your child's teacher at least twice within the first month of school*** to check on his/her progress. Please check your student's grades at least weekly on Option C, (contact your child's teacher for a password.) If you feel the need for additional conferences please feel free to contact the school and arrange for an appointment.

Please sign and return the bottom portion of this form immediately indicating your agreement to work with us in the facilitation of your child's adjustment to our school setting.

Sincerely,

Joanne Browarsky  
Principal

I have read the enclosed statement of school policy regarding my child's probationary attendance at St. Francis de Sales School for the **2026-27** school year. I would like my child to attend St. Francis de Sales School and agree to be available for conferences when necessary regarding my child's progress and adjustment to school.

Parent Name: \_\_\_\_\_  
**PRINT**

Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_  
**PRINT**

Grade: \_\_\_\_\_



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### **AUTHORIZATION TO RELEASE INFORMATION**

This form is provided for the purpose of obtaining or releasing a student's records, IEP and Standardized testing scores. By signing this release, a parent, legal guardian, or the student involved who is over 18 years of age, will expedite the transfer of records to another school for enrollment in that school.

\_\_\_\_\_  
Parent/Guardian Name Authorizes the release of the records of

Student's Last Name \_\_\_\_\_ Student's First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

#### **From the following School/Institution:**

Most Recent School/Institution \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

#### **The following records may be released. Please Check:**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Transcript of subjects and grades                | <input checked="" type="checkbox"/> Ohio Proficiency Test Results   |
| <input checked="" type="checkbox"/> Attendance Record                                | <input checked="" type="checkbox"/> Standardized Test Results       |
| <input checked="" type="checkbox"/> Health Records                                   | <input checked="" type="checkbox"/> Student's <b>SSID#</b> _____    |
| <input checked="" type="checkbox"/> Psychological or Other Individual Test Results   | <input checked="" type="checkbox"/> 504 or Other Intervention Plans |
| <input checked="" type="checkbox"/> IEP and Special Education Records, If Applicable |   |

#### **The Records May be Released To:**

New School \_\_\_\_\_ **St. Francis de Sales School** \_\_\_\_\_

Address \_\_\_\_\_ **1602 Madison Rd.** \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_ **Cincinnati, Oh 45206** \_\_\_\_\_

Email \_\_\_\_\_ **francis\_s@desalescincy.org** \_\_\_\_\_

Telephone Number **513-961-1953** Fax Number **513-961-2900**

#### **I am authorizing the release of these records for these reasons. Please check one.**

\_\_\_\_\_ I am the subject of these records and 18 years of age or older.

\_\_\_\_\_ I am the parent, guardian, or custodian of the subject of these records and the subject is under 18 years of age.

Signature \_\_\_\_\_ Date \_\_\_\_\_

By signing this request for transfer, I relieve the school which the above named student was attending of the responsibility of notifying me that the records are being transferred. This authorizes transfer of all school records (as defined by PL 93-380) and any amendments there to.

Principal

**☆ PRIVATE/PAROCHIAL SCHOOL ☆**

**STUDENT INFORMATION**

School Name \_\_\_\_\_

School Year \_\_\_\_\_

Today's Date **1** \_\_\_\_\_

School Code \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

**Desired Action**

Enroll on Date \_\_\_\_\_

From School \_\_\_\_\_

**School Use Only**

Withdraw on Date \_\_\_\_\_

To School \_\_\_\_\_

Modify Student Data as of \_\_\_\_\_

Student has EdChoice Voucher? ☐ No ☐ Yes

Submitted by (print) \_\_\_\_\_

Signed \_\_\_\_\_

**Student**

*Please provide legal names.*

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Entering Grade Level \_\_\_\_\_

Gender (Check One)

☐ Male

☐ Female

Resident Address \_\_\_\_\_

Apartment \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

ZIP Code \_\_\_\_\_

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

Unlisted: ☐ No ☐ Yes

Birthdate (mm/dd/yyyy) \_\_\_\_\_

Birth Document Source \_\_\_\_\_

Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ (if issued)

Race/Ethnic Code

☐ Black

☐ White

☐ Hispanic

(Check One)

☐ Asian/Pacific Islander

☐ Multiracial

☐ Native American

Birthplace (City, State) \_\_\_\_\_

Birthplace (Country) \_\_\_\_\_

Nationality \_\_\_\_\_

Nickname (If any) \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

**(CPS Use)**

Student ID

--	--	--	--	--	--	--	--	--	--

Parent/Guardian's Resident District, if not CPS

**Emergency Contacts**

Name \_\_\_\_\_

Relation \_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name \_\_\_\_\_

Relation \_\_\_\_\_

Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Home Language:** What was this student's first language (i.e. native language)? \_\_\_\_\_

What language does this student most frequently speak? \_\_\_\_\_

What language is most often spoken by adults at home? \_\_\_\_\_

**Withdrawal Authorization**

Parent's signature authorizes Cincinnati Public Schools to withdraw this student from the current school of enrollment. I understand that this authorization will remove my child from the current school of enrollment and/or waiting list. There is no guarantee that my child will be re-enrolled if this current school is a magnet school and the charter school is no longer desired.

**Parent/Guardian Signature** \_\_\_\_\_

Date \_\_\_\_\_

**PRIVATE/PAROCHIAL SCHOOL**  
**STUDENT REGISTRATION INFORMATION**

Today's Date **2**

Use additional pages as necessary.

Student Name \_\_\_\_\_

☐ Mother ☐ Father ☐ Guardian ☐ Stepparent ☐ @Foster Parent ☐ Grandparent ☐ Surrogate Parent ☐ Other

Last Name _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes
First Name _____	District of Residence _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed	District of Primary Residence _____
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If you check Divorced or Separated, we require current legal documentation related to the children.</i>	
(*)Address _____	Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes
City _____	Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes
State _____	Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes
ZIP Code _____	Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes
Phone Number _____ Unlisted: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Cell Phone _____	
Email Address _____	
Work Phone _____	Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes

☐ Mother ☐ Father ☐ Guardian ☐ Stepparent ☐ @Foster Parent ☐ Grandparent ☐ Surrogate Parent ☐ Other

Last Name _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes
First Name _____	District of Residence _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed	District of Primary Residence _____
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If you check Divorced or Separated, we require current legal documentation related to the children.</i>	
(*)Address _____	Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes
City _____	Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes
State _____	Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes
ZIP Code _____	Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes
Phone Number _____ Unlisted: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Cell Phone _____	
Email Address _____	
Work Phone _____	Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes

☐ Mother ☐ Father ☐ Guardian ☐ Stepparent ☐ @Foster Parent ☐ Grandparent ☐ Surrogate Parent ☐ Other

Last Name _____	Deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes
First Name _____	District of Residence _____
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Widowed	District of Primary Residence _____
<input type="checkbox"/> Separated <input type="checkbox"/> Divorced	Resides With Student? <input type="checkbox"/> No <input type="checkbox"/> Yes
<i>If you check Divorced or Separated, we require current legal documentation related to the children.</i>	
(*)Address _____	Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes
City _____	Legal Guardian? <input type="checkbox"/> No <input type="checkbox"/> Yes
State _____	Grandparent POA? (see #) <input type="checkbox"/> No <input type="checkbox"/> Yes
ZIP Code _____	Caregiver Authorization? <input type="checkbox"/> No <input type="checkbox"/> Yes
Phone Number _____ Unlisted: <input type="checkbox"/> No <input type="checkbox"/> Yes	
Cell Phone _____	
Email Address _____	
Work Phone _____	Mail if not Custodial Parent? <input type="checkbox"/> No <input type="checkbox"/> Yes

(\*) If address is different from student's address.

[#] If parent is not custodial, include copy of Grandparent Power of Attorney and Caregiver Authorization.

@ If foster parent, obtain copy of court order showing district of responsibility. Retain in cumulative file.



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**\*PLEASE PRINT CLEARLY\***

DATE \_\_\_\_\_

## NEW Student Registration Form 2026-2027

**TUITION: \$6500.00 Per Child**

**Registration fee: \$100.00 Per family NON-REFUNDABLE**

Families may qualify for an Ohio EdChoice Scholarship and/or C.I.S.E. financial aid.

Please see the TUITION INFORMATION section on back of form.

### REQUIRED REGISTRATION DOCUMENTS

**\*Registration will NOT be accepted without the documents below\***

_____ \$100.00 REGISTRATION FEE- Per Family/NON-Refundable	_____ Registration Form
_____ Current Proof of Address (within 30 days)	_____ Baptismal Certificate (If Catholic)
_____ Birth Certificate	_____ Immunization Record
_____ Current IEP (If applicable)	_____ CPS Transportation Form
_____ Ohio EdChoice Scholarship Application	_____ Signed SFDS Probation Letter
_____ Authorization to Release Records	_____ Last year's report card
_____ Custody/Guardianship papers (If applicable)	_____ Current 2025-26 Report Card
_____ FACTS Enrollment, <a href="https://online.factsmgmt.com/signin/3XCXW">https://online.factsmgmt.com/signin/3XCXW</a>	

### CHILD INFORMATION

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ GRADE for 26-27 \_\_\_\_\_

SEX: M \_\_\_\_\_ F \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ RACE/ETHNICITY: \_\_\_\_\_

US CITIZEN?(circle) YES / NO \*REQUIRED-Last 4 digits of SSN#: \_\_\_\_\_ SIBLINGS AT SFDS?(circle) YES / NO

SIBLING'S NAME(S): \_\_\_\_\_

RELIGION \_\_\_\_\_ Baptized? Y\* / N \* need copy of Baptismal Certificate PARISH/CHURCH: \_\_\_\_\_

PLEASE LIST ANY GRADES REPEATED \_\_\_\_\_ PREVIOUS SCHOOL ATTENDED: \_\_\_\_\_

IS CHILD ON AN IEP? NO \_\_\_\_\_ YES \_\_\_\_\_ FOR WHAT SERVICES? \_\_\_\_\_

IS YOUR CHILD ELIGIBLE FOR OR RECEIVE THE OH EDCHOICE VOUCHERS AND/OR SCHOLARSHIP? NO \_\_\_\_\_ YES \_\_\_\_\_

**\*\*\*An OH EdChoice Scholarship Request should be completed and turned into the SFDS School office for submission\*\*\***

### **HOW WERE YOU REFERRED TO OUR SCHOOL? Please Check One**

Family Member \_\_\_\_\_ Friend \_\_\_\_\_ Web Site \_\_\_\_\_ Archdiocese of Cincinnati \_\_\_\_\_ Other: \_\_\_\_\_

### **WHY DO YOU WANT YOUR CHILD TO ATTEND ST. FRANCIS DE SALES SCHOOL?**

### MOTHER'S/GUARDIAN'S INFORMATION (Primary)

MOTHER'S LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

CELL PHONE \_\_\_\_\_ DOB \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ REQUIRED-Last 4 digits of SSN#: \_\_\_\_\_

OCCUPATION \_\_\_\_\_

EMPLOYER NAME AND ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_

\*E-MAIL (REQUIRED) \_\_\_\_\_

## FATHER'S/GUARDIAN'S INFORMATION

FATHERS'S LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_ HOME PHONE \_\_\_\_\_  
CELL PHONE \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ REQUIRED-Last 4 digits of SSN#: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_  
OCCUPATION \_\_\_\_\_  
EMPLOYER NAME AND ADDRESS \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
\*E-MAIL (REQUIRED) \_\_\_\_\_  
Do you want to receive the weekly newsletter and Parent Alerts?(circle one) YES / NO

## TUITION AGREEMENT / PARENT AGREEMENT

### TUITION AGREEMENT: TUITION FOR THE 2026-2027 SCHOOL YEAR IS \$6,500.00 PER CHILD

#### Financial Assistance & Monthly Payments:

- ❖ Any family who does **NOT** apply for one of the Ohio EdChoice Scholarships are required to enroll with FACTS Tuition Management Services, and select one of their convenient payment plans.
- ❖ Payments through FACTS are due every month beginning August 5, 2026 with final payment(s) being on May 5, 2027.
- ❖ Financial Aid is available from the Catholic Education Foundation, CISE Tuition Aid Program, and the Kremer Foundation accessible by completing the FACTS Grant Aid and Assessment along with all required documents for submission.

\*\* See FACTS sheet for instructions or go to their website, <https://online.factsmgt.com/signin/3XCXW> \*\*

#### Ohio EdChoice Scholarships:

- ❖ SFDS office staff will submit, *on your behalf*, your completed EdChoice Scholarship Request along with all required documents including your family's Proof of Residency and your child(ren)'s Birth Certificate.
- ❖ The deadline to turn in your completed OH EdChoice Scholarship Request(s) to the SFDS School office is Monday, March 31, 2026 for the 2026-2027 school year.

### PARENT AGREEMENT

\_\_\_\_\_ I understand that I am making the choice to send my child(ren) to St. Francis de Sales School that is a *tuition-based* parochial school whose mission is to offer a quality Catholic Education. I agree to uphold my financial obligation, as Noted above, and also support the mission of St Francis deSales School by following the guidelines of the Parent/Student Handbook, participate in school activities and fundraisers, attend Parent Teacher Conferences and keep friendly communication with the teachers and administrators.

\_\_\_\_\_ I agree to the terms of this registration contract and I certify that all the above information I have given, is true and correct.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Required Documents Check List**

- \_\_\_\_\_ New Student **Registration** packet **completed & signed**
- \_\_\_\_\_ \$100.00 registration fee **per family**
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Immunization Records *(Must be up to date)*
- \_\_\_\_\_ Current Proof of Address *(see below for acceptable forms)*
- \_\_\_\_\_ 2025-26 Final Report Card along with an up to date 2026-2027 report card *(Not applicable for incoming Kindergarteners)*
- \_\_\_\_\_ Copy of IEP (if applicable)
- \_\_\_\_\_ Release of Records Form
- \_\_\_\_\_ Private/Parochial School form for **Bus Transportation**
- \_\_\_\_\_ Baptismal Certificate *(if Catholic)*
- \_\_\_\_\_ Custody Papers *(if applicable)*
- \_\_\_\_\_ Ohio EdChoice Request Application *(with documentation)*
- \_\_\_\_\_ Probation Letter -signed
- \_\_\_\_\_ Enroll with FACTS

### **PROOF OF ADDRESS:**

#### **SEND IN THE MOST RECENT COPY OF ONE OF THE FOLLOWING:**

- Duke Bill (all pages)
- Water Bill
- Copy of all pages of Lease with both your signature and the proprietor's signature **AND** a piece of business mail, mailed to you at the lease address.

### **Required document for Ohio EdChoice Scholarship:**

- \_\_\_\_\_ EdChoice Request form
- \_\_\_\_\_ Birth Certificate
- \_\_\_\_\_ Current Utility bill
- \_\_\_\_\_ Income Verification Form
- \_\_\_\_\_ Proof of Income (Tax 1099 form and w-2's or 4 consecutive paystubs)

### **Important Immunization Information:**

**All** students in grades **K-8** **must** be up to date on **all** immunizations.

**All students enrolling in kindergarten must have documentation of the following submitted to the St Francis deSales School office before the first day that St Francis deSales School is in session:**

- DPT – 4 doses (5 doses if 4<sup>th</sup> dose received before 4th birthday)  
\*7<sup>th</sup> grade requires a TDAP booster and Meningococcal Vaccine\*
- Polio (OPV or IPV) 4 doses if 3<sup>rd</sup> dose received before 4<sup>th</sup> birthday
- Hepatitis B -3 doses
- MMR – 2 doses
- Varicella – 2 doses  
\*Kindergarten are required to have had 2 doses of Varicella prior to entry to school\*

**Students who are not in compliance with State law (RC3313.67) will be excluded from class until their immunization record is up to date.** Our school Nurse will screen the incoming Kindergarten students to ensure that they have all of their required immunizations *before* the start of school.



PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

## SECONDARY PARENT/GUARDIAN

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

DATE OF BIRTH: \_\_\_\_\_ LAST FOUR DIGITS OF SSN: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

## SCHOOL INFORMATION

*\*Information must be completed to determine eligibility.*

My student is currently attending (check only one box):

☐ Attending a public school

☐ Attending a charter/community school

☐ Attending a private school

☐ Homeschooled (Never attended an Ohio School)

☐ New to Ohio

☐ Attending Pre-school

☐ Other: \_\_\_\_\_

Name of school the student is currently attending: \_\_\_\_\_

Name of public school district you live in: \_\_\_\_\_

Name of public school the student would be assigned to for the 2026-27 school year: \_\_\_\_\_

## INCOME VERIFICATION

In addition to applying with the school, new EdChoice Expansion applicants will need to complete the income verification process, unless the family has previous household income on file. Income verification is optional for renewal applications in the EdChoice Expansion Scholarship program. Renewing families do not need to complete a new income verification each year. If your annual household income or household size has changed, families may submit a new income verification application for the next school year. Families applying for low-income status in EdChoice and EdChoice Expansion must submit new household income annually. Household Income will not be recalculated after the review has been completed. To complete the Income Verification process, parents may submit online using the [secure Income Verification system](#) or complete and mail the paper form. Emailing documents is not permitted.

## ADDRESS VERIFICATION

***Proof of residency is required of all renewal applicants and must be submitted to the school with the application.***

Parents/Guardians must document residency by providing the school with a current (less than 90 days old) utility bill. The utility (electric, gas, water, sewer, cable/internet) bill must show matching service address and mailing address in the name of the parent/guardian. Post office boxes (except in rural areas where residents only have a PO Box) and cell phone bills have no service address and therefore are not accepted.

*Other Acceptable Documents:* A monthly mortgage statement (less than 90 days old) **or** lease/rental agreement (signed by lessee and lessor) **and** a piece of current business mail (examples: pay stub, bank statement, insurance statement, car payment statement, etc.) with parent/guardian's name and address. Additional information can be found on the [scholarship webpage](#).

## 2026-2027 EDCHOICE PARENT AGREEMENT

I \_\_\_\_\_ AGREE TO THE FOLLOWING:

(Parent Name)

- The information provided in this application is true and correct.
- I have supplied the chartered nonpublic school with a certified copy of the student's birth certificate, copies of all custody/guardianship documentation for the student, and proof of my address.
- I have submitted only one EdChoice application for this student.
- The scholarship amount shall only be applied to the tuition of the enrolling school, and I may be required to pay other fees and costs as prescribed by the policies of the school.
- I will sign all scholarship checks received by the private school for my student in a timely manner. I understand that if I fail to endorse the scholarship checks to the school, I will be responsible for paying the student's tuition.
- If I transfer my scholarship to another participating chartered nonpublic school, I will notify the school of my intent to withdraw and I will return to the original school to sign any remaining checks.
- I will apply for any and all financial aid or tuition discounts and adjustments made regularly available to the students attending the school in which the student is accepted for enrollment.

- I will abide by the Ohio Department of Education and Workforce (DEW) dispute resolution process outlined in Ohio Administrative Code Section 3301-11-14.
- If I am not a low-income parent or did not complete the income verification process, I will be responsible for paying any difference between the scholarship amount and the tuition of the chartered nonpublic school.
- I must inform DEW and the chartered nonpublic school of any change in the student's residential address or custody status.
- I will not be able to renew my child's scholarship if: 1) my family moves to another public school district unless my child would be assigned to an EdChoice designated public school in the new district (applicable only to students who were initially awarded a scholarship based on an EdChoice designated building); 2) my child does not complete all required assessments; 3) my child has more than 20 unexcused absences for the school year; or 4) I fail to complete the renewal process. If my child received an EdChoice Expansion scholarship, I must maintain Ohio residency.
- I have received and understand the policy handbook of the chartered nonpublic school and will abide by its provisions.
- I understand that if my child's scholarship has been awarded in error, it will be terminated immediately, and I would then be responsible for paying the tuition if I decide to keep my child at the private school.

I designate St Francis deSales (Private School Name) to submit an application on my behalf for the Scholarship Program through the Ohio Department of Education and Workforce's electronic application system. By signing below, I agree to the above statements.

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN THAT WILL BE SIGNING CHECK

\_\_\_\_\_  
DATE

**Return to the private school with a copy of current utility bill showing matching service and mailing addresses.**

*The Ohio Department of Education and Workforce does not discriminate on the basis of race, religion, gender, nationality, age, disability, or ethnic background. The Ohio Department of Education and Workforce is an equal opportunity employer and provider of ADA services. The Department's Notice of Non-Discrimination applies to all programs and activities.*

*View the Department's Disability Discrimination Policy and Discrimination Policy Grievance Procedure. For further information on notice of non-discrimination, visit ocrcas.ed.gov/contact-ocr for the address and phone number of the office that serves your area, or call 1-800-421-3481.*

# EdChoice Request Form 2026-2027

## STUDENT INFORMATION

This application is for (select one):

☐ Traditional EdChoice Scholarship ☐ EdChoice Expansion Scholarship (income based)

*\*Student data MUST match birth certificate.*

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

DATE OF BIRTH: \_\_\_\_\_ LAST FOUR DIGITS OF SSN: \_\_\_\_\_ GENDER: ☐ FEMALE ☐ MALE

MOTHER'S MAIDEN NAME: \_\_\_\_\_ NATIVE LANGUAGE: \_\_\_\_\_

ETHNICITY: \_\_\_\_\_ CITY OF BIRTH: \_\_\_\_\_

GRADE LEVEL FOR 2025-2026: \_\_\_\_\_ GRADE LEVEL FOR 2026-2027: \_\_\_\_\_

IS THE STUDENT AN INCOMING KINDERGARTNER? ☐ YES ☐ NO

IS THE STUDENT AN INCOMING HIGH SCHOOLER? ☐ YES ☐ NO

HAS THE STUDENT EVER ATTENDED ANY OHIO PUBLIC SCHOOL? ☐ YES ☐ NO

IF YES, WHERE?

DISTRICT: \_\_\_\_\_ Building: \_\_\_\_\_ Year: \_\_\_\_\_

## PARENT/GUARDIAN INFORMATION

*FOR THE PARENT/GUARDIAN SIGNING CHECKS, I AM THE (CHECK ONE):*

☐ Natural Parent ☐ Residential Parent ☐ Adoptive Parent ☐ Student who is at least 18 years old

☐ Legal Guardian of student applying for scholarship funds (court documents or Affidavit of Eligibility are required)

## PRIMARY PARENT/GUARDIAN

NAME: \_\_\_\_\_  
(First) (Middle) (Last)

DATE OF BIRTH: \_\_\_\_\_ LAST FOUR DIGITS OF SSN: \_\_\_\_\_