

Student Application Form
 Complete one form per student (front & back)

Applying to:

- PK3 M-F M/W/F
 PK4 M-F M-TH
 K-8 GRADE: _____

Student's Name

Last: _____

First: _____

Middle: _____

Date of Birth: ____/____/____

Address

Street: _____

City: _____

State: _____ Zip: _____

Home Language Survey

1. Is a language other than English used in the home?
 No
 Yes What language? _____

2. Did the student have a first language other than English?
 No
 Yes What language? _____

3. Does the student most frequently speak a language other than English?
 No
 Yes What language? _____

<u>Gender</u>	<u>Resides with (check one)</u>
<input type="checkbox"/> Male	<input type="checkbox"/> Both <input type="checkbox"/> Mother*
<input type="checkbox"/> Female	<input type="checkbox"/> Father* <input type="checkbox"/> Other*
<u>US Citizen</u>	* If checked, a Court Ordered Final Judgment (custody papers) must be submitted to Main Office
<input type="checkbox"/> Yes	Does other parent have shared custody?
<input type="checkbox"/> No	Yes <input type="checkbox"/> No <input type="checkbox"/>

Ethnic Origin of Student
 (This is used for State Diocesan statistical purposes)

White American Indian/Native Alaskan
 Black Native Hawaiian/Pacific Islander
 Asian Two or More Races

 Hispanic Non-Hispanic

NEW APPLICANTS ONLY

The following information must be enclosed with the application:

- Birth Certificate
- Current Florida Certification of Immunization (Form 680)
- School Entry Health Exam
- Baptismal Certificate (Catholic) or Certificate of reception into Catholic Church
- VPK Certificate of Eligibility (PK-4 only)
- Record Release Form (if applicable)
- Recent report card and previous two years report cards (if applicable)
- Standardized Tests (grades 2-8)
- Psychological-Educational Test Results (if applicable)
- Copy of current Individualized Education Plan, Service Plan or 504 Plan (if applicable)

Academic Information

Previous School Information (if applicable):

School Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Kindergarten Use Only :

Did the student attend preschool? Yes No

- If Yes, did the student attend VPK? Yes No

Has the student ever repeated a grade? Yes No

- If Yes, which grade(s): _____

Has the student ever been suspended and/or expelled from any school? Yes No

Has the student been identified with behavioral or academic needs? Yes No

Does the student currently receive any of the following?
 Learning Support / accommodations Behavioral Support

Does the student have a diagnosis which impacts learning? (i.e. ADHD, ASD, anxiety, dyslexia, etc.) Yes No

- If Yes, please indicate the medical condition or learning disability:

Is the student taking any medication associated with this diagnosis? Yes No

- If Yes, please specify under Medical Information on last page of application.

Guardian – Primary Contact

Last: _____

First: _____

Address same as student

Street: _____

City: _____

State: _____ Zip: _____

Email address: _____

Primary: (____) _____ - _____

Mobile:** (____) _____ - _____

Office: (____) _____ - _____ Ext: _____

** SJCS is able to deliver automated emergency notices via voicemail, text-messaging and email. Please be aware that providing a Mobile contact number could result in text message notifications from SJCS.

Relationship to Student

- Mother Step-Father
- Father Step-Mother
- Other _____

Financial Contact

- Financially Responsible Party

Marital Status

- Married
- Single-Parent
- Deceased
- Separated
- Divorced–Single
- Divorced–Remarried

Alumni Status

Alumni of San Jose:

- Yes _____
- No _____ year

Guardian

Last: _____

First: _____

Address same as student

Street: _____

City: _____

State: _____ Zip: _____

Email address: _____

Primary: (____) _____ - _____

Mobile:** (____) _____ - _____

Office: (____) _____ - _____ Ext: _____

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Alumni Status

Alumni of San Jose:

- Yes _____
- No _____ year

Emergency Contact:

Name: _____

Relationship: _____ Phone: (____) _____ - _____

Emergency Contact:

Name: _____

Relationship: _____ Phone: (____) _____ - _____

Family Doctor: _____ Phone (____) _____ - _____

Family Dentist: _____ Phone (____) _____ - _____

Preferred Hospital: _____ Phone (____) _____ - _____

Health Insurance Company _____ Policy # _____

Sacraments

Catholic (please check all sacraments the student has received)

- Baptism Reconciliation
- Holy Eucharist Confirmation

Non-Catholic

Church Membership: (please check)

- Catholic In-Parish-Envelope# _____
- Other _____

Families who attend a Catholic Church that does not have a parish school, may qualify for the In-Parish tuition rate, provided they can meet specific criteria. Please contact our Office of Admissions for details.

Parent Authorization

Please initial each appropriate box and sign accordingly.

Initial:

_____ Parent/Teacher Handbook: I agree to read the student handbook and will support the policies as described, including but not limited to school discipline code, conduct policies, sports rules, tuition and fees policies, and family service requirements.

_____ Diocese of St. Augustine Volunteer Requirements: The Diocese of St. Augustine requires that all volunteers must be fingerprinted, have background clearance, and have taken Protecting God's Children Program. There are no exceptions. All families are required to complete 20 service hours per school year.

_____ Diocese of St. Augustine Immunization Requirements: The Diocese of St. Augustine requires that all students maintain a current Florida Certification of Immunization (Form DH680).

_____ Financial Responsibility: I assume the total responsibility of tuition and fees for the school year and understand that all tuition and fees paid are non-refundable. I agree to pay tuition according to the published schedule for the school year. Payments must be made on time in order to avoid late fees.

_____ Currently Enrolled Students: The re-enrollment fee of \$310 (K-8) or \$150 (Pre-K3) per family will be paid automatically via the FACTS account on February 15, 2019. The Home & School Fee of \$35 per family will be paid automatically via the FACTS account on March 15, 2019.

It is understood and agreed that:

- Tuition will be paid through FACTS, a tuition payment program, beginning with the Annual Fee/Craft Fee due in June of 2019. Each family will be responsible for an annual Administrative Fee of \$38 payable to FACTS.
- Families will have a choice of payment on either the 1st, 5th, 15th, or the 20th of each month.
- New Applicants: Registration Fee, Home and School Fee, New Family Fee, and Testing Fee are due with application.
- Tuition will be paid over eleven months beginning in July with the last payment due in May.
- In-Parish tuition rates apply to families who are registered at San Jose Catholic Church, participate in the celebration of Mass on a regular basis, and have made a pledge of commitment (appropriate to the financial resources available to them) to our parish and each registered student is baptized Catholic.
- In-Parish tuition rates assigned at the beginning of a school year will remain the same throughout the year unless the family fails to meet the above criteria. Should that occur, the tuition rate would change to the Out-of-Parish Catholic tuition rate and remain at this rate throughout the 2019-20 school year.
- Catholic families new to our Parish may request the In-Parish rate by submitting a letter from their previous Pastor, stating their participation in the celebration of Mass on a regular basis and their pledge of commitment to that parish.
- If your account falls more than 45 days behind the scheduled payment date, you will be asked to keep your children at home until your account can be made current. Accounts in arrears will necessitate the withholding of student report cards, final grades, and end of the year school records.
- If a student is withdrawn from SJCS anytime during the academic school year, the family will be responsible for two months of tuition from the month of withdrawal. Records will not be forwarded to any school until this obligation is met.

Catholic schools in the Diocese of St. Augustine admit students of any race, color, national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the schools. They do not discriminate on the basis of race, color, national, or ethnic origin in administration of educational and admission policies, scholarship and loan programs, athletic and other school-administered programs.

The Catholic School community in the Diocese of St. Augustine has a goal of helping all children reach their full potential intellectually, emotionally, and spiritually.

Individual schools establish admission policies for their own schools that target students who are able to manage in a mainstream setting. Limited resources prevent us from accepting students who would require more than simple accommodations.

The school reserves the right to terminate this contract at any time, by waiver of the remaining tuition due, if such action is determined to be in the best interest of the student or the school.

I understand and accept all of the above statements.

I hereby certify that all of the facts and information on all pages of this application are true and complete. I understand that any false, inaccurate, or misleading information given on this application is sufficient cause for rejection of this application. I also understand and agree that such false, incomplete, or misleading information discovered at any time on any part of this application is grounds to terminate any contract between applicant and San Jose Catholic School.

Parent Signature _____ Date _____

Medical Information

Is the student currently taking medication on a regular basis? If yes, please specify in the box below.

Prescription (medication prescribed by a physician)

Diagnosis (i.e. Asthma)	Medication	Dosage	Frequency

Non-Prescription (over the counter medication)

Condition	Medication	Dosage	Frequency

Please refer to the school handbook for medication policy. Medication forms are available in the office.

Does the student have any allergies? _____ If yes, please specify: _____

I, _____ (Print First and Last Name) acknowledge that I have completed the application and medical information forms to the best of my knowledge. If any information changes I will notify the school office in writing as soon as it occurs.

Authorization for Emergency Care

In case of accident or serious illness and the school is unable to reach a parent/guardian, I hereby authorize the school to contact the physician indicated on the emergency card and to follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangements necessary to provide care and treatment for my child.

In case of an accident or illness where immediate treatment of my child is not indicated, but where he/she is unable to remain at the school, the school will contact a parent/guardian to arrange transportation. If the school is unable to reach a parent or guardian, I authorize the school to contact one of the persons listed on the emergency card and request them to come to the school and transport my child.

Medication Policy

A Medical Authorization Form must be completed, signed, and on file in the Health Room before any prescription and/or non-prescription medication can be dispensed. All medication must be in its original container, clearly labeled, and delivered to the Office / Health Room by a parent or responsible adult. Students may not keep any medication on their person or in their belongings at any time.

General Release of Liability

The undersigned hereby releases and forever discharges the Bishop, the Diocese of St. Augustine, San Jose Catholic Church and School, and their officers, agents and employees, from all claims and demands, rights and causes of action of any kind the undersigned now has or hereafter may have on account of or in any way arising from personal injuries known or unknown to the undersigned at the present time and property damage resulting or that results from any occurrence which may happen to our child(ren) (or legal ward), during his/her stay at San Jose Catholic Grade School.

Parent Signature _____ Date _____

All information provided by the family for this student will be protected by the school personnel who will use it only for the benefit of the student entrusted to the school. It will be shared only with appropriate emergency medical or law enforcement personnel if the administration deems it necessary.

Office Use

Accepted: _____ W/L: _____ Not Accepted: _____

Records Request: _____