

Application for grades: *check all that apply

- PK3 M-F M/W/F
 PK4
 K-8 Grades: _____

Family Application Form

Complete one form per family

<p><u>Guardian – Primary Contact</u></p> <p>Last: _____</p> <p>First: _____</p> <p>Address Street: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Email address: _____</p> <p>Primary Telephone: _____</p> <p>Secondary Telephone: _____</p> <p>Profession: _____</p> <p>Employer Name: _____</p>	<p><u>Relationship to Student</u></p> <p>_____</p> <p><u>Financial Contact</u></p> <p>Are you the financially responsible party? Yes or No</p> <p><u>Marital Status</u></p> <p> <input type="radio"/> Married <input type="radio"/> Single-Parent <input type="radio"/> Deceased <input type="radio"/> Separated <input type="radio"/> Divorced-Single <input type="radio"/> Divorced-Remarried </p> <p><u>Alumni of San Jose Catholic</u></p> <p>Yes! I graduated in (year) _____</p>
<p><u>Guardian – Primary Contact</u></p> <p>Last: _____</p> <p>First: _____</p> <p>Address Street: _____</p> <p>City: _____ State: _____ Zip: _____</p> <p>Email address: _____</p> <p>Primary Telephone: _____</p> <p>Secondary Telephone: _____</p> <p>Profession: _____</p> <p>Employer Name: _____</p>	<p><u>Relationship to Student</u></p> <p>_____</p> <p><u>Financial Contact</u></p> <p>Are you the financially responsible party? Yes or No</p> <p><u>Marital Status</u></p> <p> <input type="radio"/> Married <input type="radio"/> Single-Parent <input type="radio"/> Deceased <input type="radio"/> Separated <input type="radio"/> Divorced-Single <input type="radio"/> Divorced-Remarried </p> <p><u>Alumni of San Jose Catholic</u></p> <p>Yes! I graduated in (year) _____</p>
<p><u>Emergency & Pick-up Contact:</u> *other than guardians</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Primary Telephone: _____</p> <p><u>Emergency & Pick-up Contact:</u> *other than guardians</p> <p>Name: _____</p> <p>Relationship: _____</p> <p>Primary Telephone: _____</p>	<p><u>Home Language Survey</u></p> <p>Is a language other than English spoken at home?</p> <p style="text-align: center;">Yes or No</p> <p>Language: _____</p> <p>Did the student have a first language other than English?</p> <p style="text-align: center;">Yes or No</p> <p>Language: _____</p> <p>Does the student/household most frequently speak a language other than English?</p> <p style="text-align: center;">Yes or No</p> <p>Language: _____</p>
<p><u>Church Membership:</u></p> <p>Parish Name: _____</p> <p>Address: _____</p> <p>Phone: _____</p>	

Parent Authorization

Please initial each appropriate box and sign accordingly.

____ 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. Hours not completed will be billed at \$20 per hour.

____ 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 to avoid late fees.

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 2021. Each family will be responsible for an annual Administrative Fee of \$41 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, and Testing Fee are due with application.
- Tuition will be paid over eleven months beginning in July with the last payment due in May.
- 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.

San Jose Catholic School is committed to providing an environment that is free of discrimination and harassment. In keeping with this commitment, the school will not tolerate harassment or discrimination on the basis of a person's protected status, such as gender, color, race, ancestry, national origin, age, physical disability, mental condition, marital status, veteran status, and/or citizenship status. All employees, faculty members, and students are protected under this policy. In addition, this policy applies to all conduct occurring on school grounds, at assignments outside of the school, or at school-sponsored events. All students are responsible to help assure that any harassment or discrimination is reported. If a student witnesses or learns of any conduct that violated this policy, the student must immediately report the incident to his/her principal. If, however, the principal is the individual who is believed to have engaged in the inappropriate conduct, the student should notify the Superintendent of Schools of the Diocese of St. Augustine. If an investigation reveals that inappropriate conduct has occurred, the school will take corrective action based on the circumstances.

San Jose Catholic School has an open admissions policy. No person, on the grounds of race, color, gender, disability, or national origin, is excluded or otherwise subjected to discrimination in the receiving of services. Nor does the school discriminate in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment on the basis of race, color, disability, age, gender, or national origin.

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 _____

Student Application Form

Complete one form per student

Application for grade:

- PK3 M-F M/W/F
 PK4
 K-8 Grades: _____

Student Information

Last: _____
 First: _____
 Middle: _____
 Date of birth: _____ / _____ / _____
 Current Grade: _____

Resides with (check one)

- Both parents Mother* Father*
 Other*

* If checked, a Court Ordered Final Judgment (custody papers) must be submitted to Main Office

Does other parent have shared custody?

Yes or No

Gender

Male or Female

U.S. Citizen

Yes or No

Ethnic Origin

*The following information 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
Sacraments
 Catholic: Baptism Reconciliation
 Holy Eucharist Confirmation
 Non-Catholic

Medical Information

Family Doctor: _____
 Phone: _____
 Insurance: _____
 Family Dentist: _____
 Phone: _____

Required Documents

The following information must be enclosed with the application for each student:

- Birth Certificate
- Current Florida Certification of Immunization (Form 680)
- School Entry Health Exam
- Catholic Baptismal Certificate or Certificate of reception into Catholic Church (if applicable)
- 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 Evaluation (if applicable)
- Copy of current Individualized Education Plan, Service Plan or 504 Plan (if applicable)

Academic Information

Previous School Name: _____

Address: _____

Phone: _____

Did the student attend preschool/VPK?

Yes or No

Did the student attend VPK?

Yes or No

Has the student ever repeated a grade?

Yes or No

If so, which grade: _____

Does the student receive or need any of the following services?

Yes or No

- Academic Learning Support
- Behavioral Learning Support

Does the student have a diagnosis that impacts their learning? (ADHD, anxiety, dyslexia, etc.)

Yes or No

*Please list the medical or learning diagnosis:

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-Precription (over the counter medication)

Condition (i.e. seasonal allergies)	Medication	Dosage	Frequency

Does the student have any allergies? Yes or No

*Please list specific allergies: _____

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.

Permission to Treat

I hereby authorize designated representatives of the school administration to administer general first aid treatment for any minor injuries or illnesses experienced by my child. In case of a serious accident, life-threatening illness or injury I hereby authorize the school to summon emergency personnel (911) to attend, transport, and provide care and treatment for my child. The school will then contact a parent/guardian to notify them. In case of an accident or serious illness where immediate treatment of my child is not indicated, but where he/she is unable to remain at the school, the parent/guardian will be contacted to provide transportation. If the school is unable to reach a parent/guardian, I authorize the school to advise one of the persons listed as an emergency contact 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 provided by the guardian 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 with them or in their personal 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.