



NEW STUDENT APPLICATION
2018 - 2019

Honoring the Past,
Embracing the Future

STUDENT INFORMATION

Last Name		First Name	Middle Name	
Gender	Birthdate	Birthplace (City/State/Country)		
Residence Address		City	County	Zip
Parish/City				
Grade applying for: _____		T-shirt size _____	Language spoken at home <input type="checkbox"/> English <input type="checkbox"/> Other _____	

Kindergarten child must be 5 on or before September 30, 2018

Items A – C are necessary for applicants seeking admission to grades 1 through 8

- A. Name of school your child is currently attending: _____
- B. Is your child currently receiving any special services (remedial reading/math, speech, tutoring, etc.)? _____
If yes, what services? _____
- C. A signed Release of Records form (for grade 1 – 8 applicants)

Applications will not be reviewed until ALL of the following items are received:

- | | |
|---|---|
| _____ Admission application | _____ Proof of residence (utility bill) |
| _____ Birth Certificate | _____ Copy of most recent report card |
| _____ Baptismal certificate (if applicable) | _____ Copy of custody/guardian papers (if applicable) |
| _____ School Health Questionnaire | _____ Tuition Withdrawal form |

SACRAMENTS

* Baptism Date	Church/City	Rite
Reconciliation Date	Communion Date	Confirmation Date

*A copy of your child’s baptismal certificate must be submitted with registration (if applicable)

St. Charles School Admission Policy requires that Catholic families be registered in a Catholic parish; participate in Mass every weekend; have a history of contributing a minimum of \$10 in the weekly Church envelopes; and be supportive of Catholic education and the policies of the school. School families should plan to participate fully in our Parish Certificate Program (minimum of \$5000/year).



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Parents are: _____ Single _____ Married _____ Separated _____ Divorced _____ Widowed
(Where applicable a custody agreement must be provided)

STUDENT LIVES WITH (Please check)

[] Natural Mother

Form for Natural Mother with fields: Last name, First, Maiden, Home Phone, Cell Phone, P.O. Box/Address, City, State, Zip, email address, Birthplace, Occupation, Employer, Level of Education, Religion

[] Natural Father

Form for Natural Father with fields: Last Name, First, Maiden, Home Phone, Cell Phone, P.O. Box/Address, City, State, Zip, email address, Birthplace, Occupation, Employer, Level of Education, Religion

[] Custodial Mother

Form for Custodial Mother with fields: Last Name, First, Maiden, Home Phone, Cell Phone, P.O. Box/Address, City, State, Zip, email address, Birthplace, Occupation, Employer, Level of Education, Religion

[] Custodial Father

Form for Custodial Father with fields: Last Name, First, Maiden, Home Phone, Cell Phone, P.O. Box/Address, City, State, Zip, email address, Birthplace, Occupation, Employer, Level of Education, Religion

OTHER CHILDREN IN THE FAMILY: LIST NAMES & BIRTHDATES

1. _____ 2. _____
3. _____ 4. _____
5. _____ 6. _____

Ethnicity (Optional)

- [] American Indian/Native Alaskan [] Black/African American [] Native Hawaiian/Other Pacific Islands
[] Multiracial [] Asian [] Hispanic [] White



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HEALTH QUESTIONNAIRE

Child's Name: Last First Middle Birth date
Address: Home Phone:
School last attended: City:
Parents' Names: Father Mother
Guardian(s):
Family Physician: Office Phone:
Family Dentist: Office Phone:

MEDICAL HISTORY:

1. Immunizations: Enter month/day/year of each immunization.

DPT: 1 2 3 4 5
Tdap or Td Booster: 1
Polio: 1 2 3 4 5
MMR: 1 2
(if separate): Measles Mumps Rubella
HIB: 1 2 3 4
Hepatitis B: 1 2 3
Varivax (chicken pox): 1 2
Other immunizations (Give type and date):

2. Has your child had any of the following?

Allergies/hay fever Asthma
Bee sting allergy Chicken pox
Diabetes Ear infections
Eczema/hives Epilepsy
Nose bleeding Strep

3. Any pertinent medical problems (i.e. hospitalization, serious injuries):

4. Allergies: List all allergies affecting the child and any special precautions or treatments indicated for these allergies.

Wears glasses? Date of exam
Caps or tooth spacers? Speech problems?
Hearing loss? Date of exam
Bowel or bladder elimination problems?

5. Medications currently being administered to child:

Signature of parent: Date:



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AUTHORIZATION FOR RELEASE OF SCHOOL INFORMATION

By my (our) signature below, I (we), as parent(s)/guardian(s) of

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip: _____

give permission to the administration of _____

name of current school

Address of school

to release the following school records of _____

(name of student)

to St. Charles Borromeo School, 7107 Wilber Avenue, Parma, Ohio 44129

- * Grades and academic records
- * Psychological assessments and records
- * Disciplinary records
- * Attendance records
- * Medical records
- * Test results and/or evaluations
- * Response to Intervention (RTI) records – MAP, DIBELS, AIMS web, STAR, Curriculum Based Measurement
- * ETR, IEP, ISP, 504 or accommodation plan

I understand that with this release of records I also grant permission for both administrations to communicate regarding my child.

Signature: _____

Relationship: _____

Signature: _____

Relationship: _____



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Saint Charles Borromeo School
Tuition 2018-2019

Dear School Parent,

January 2018

Your monthly tuition payment for the 2018-2019 school year will be automatically deducted from either your checking or savings account beginning in July 2018. Your re-registration for next school year is not complete until this information is received. If we do not receive this information, your child(ren) will not be placed in a class for the 2017-2018 school year. You must complete this form each year.

Please fill out the form below completely and return it in an envelope to either the School or Parish Office by **Wednesday, February 14**. If your plan is to pay the tuition in full by May 31, please indicate that on the form below. **All school families must return a form regardless of payment plan.** Please note that if the form is not received, your child is NOT re-registered for the 2018-2019 school year.

If you have any questions, please call Tom Holzheimer at the Parish Business Office (440)884-3030.

* * * * *

Automatic Funds Transfer – School Tuition

This form authorizes Saint Charles Borromeo Parish to transfer funds from my account. This authorization will remain in full force and effect until notice is given of termination.

ACCOUNT INFORMATION: _____Checking _____Savings

Bank Name: _____

Bank Transit / ABA Number _____
(9 digit number in the lower left hand corner of your checks)

Bank Account Number _____

Amount to be transferred _____
_____Monthly (1st) _____Monthly (20th)

*****A \$10 service charge will be assessed for all NSF fund notifications.**
Please attach a voided check for the desired checking account destination.

Family Name: _____

Address: _____

Phone: _____ Date: _____

Signature: _____

_____ **I (we) plan to pay the tuition in full by May 31**



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Tuition Monthly Payment Plans for 2018-2019

Tuition Plan A: For active and practicing Catholic families who contribute annually to the collection at Mass (\$500 annually) and fully participate in the Gift Certificate Program (\$5000 annually at minimum).

One Child:	\$2950	\$245.84/month
Two Children:	\$5151	\$429.17/month
Three Children:	\$7350	\$612.50/month

Tuition Plan B: For those Catholic families who attend Mass regularly (contributions annually = \$500), but choose not to participate in the Gift Certificate Program.

One Child:	\$3200	\$266.67/month
Two Children:	\$5400	\$450.00/month
Three Children:	\$7500	\$633.34/month

Tuition Plan C: For those not attending Mass, not using offertory envelopes totaling \$500 per year, and not participating in the Gift Certificate Program (annually \$5000 at minimum). This is the actual cost to educate a child at Saint Charles Borromeo Parish School.

\$5140 **\$390.50 per month/child**