

Student Enrollment Form

Complete one form per child (front & back)

SCHOOL YEAR:

GRADE:

<u>Child's Name</u> Last: _____ First: _____ Middle: _____ Nickname: _____	<u>Sex</u> Male <input type="checkbox"/> Female <input type="checkbox"/> <u>US Citizen</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Address</u> Street: _____ City: _____ State: _____ Zip _____ Phone Number: (____) _____ - _____
---	--	---

<u>Birth Date</u> ____/____/____	<u>Resides with (check one)</u> Both <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other <input type="checkbox"/> Does other parent have shared custody? Yes <input type="checkbox"/> No <input type="checkbox"/> *Other <input type="checkbox"/> _____ <i>*If checked a Court Ordered Final Judgment (custody papers) must be submitted to the Main Office.</i>
<u>Birth Place:</u> City _____ County _____ State _____ Country (if outside USA) _____	

Ethnic Origin of Child
(This is used for State/Diocesan statistical purposes.)

Caucasian Hispanic
 African-American Asian/Pacific Islander
 Native American Multi-Racial

Language spoken at home: _____

Academic Information

Transferring From (if applicable):

School Name _____

Street Address _____

City _____ State _____ Zip _____

***Kindergarten Use Only:** Did the student attend VPK? Yes No

Has the student ever repeated a grade? Yes No

If so, which Grade(s)? _____

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

Psychological

Please submit psychological test results

N/A ADD ADHD
 SLD Please list disability _____

Is your child taking any medication associated with this disability?

Yes No

If yes, please specify:

Sacraments

Catholic (please check all sacraments your child has received)

Baptized Penance
 Holy Eucharist Confirmation

Non-Catholic

Baptized
Religion _____

Church _____

Medical Information

Is 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 school handbook for medication policy. Medication forms are available in the office.

Does your child have any allergies? _____ If yes, please specify: _____

Does your child have asthma? _____ Current treatment: _____

The following information must be enclosed with the application (new applicants only):

- ❖ Birth Certificate
- ❖ Baptismal Certificate (Catholic)
- ❖ Recent report card and previous two years report cards (if applicable)
- ❖ Standardized Tests (grades 2-8)
- ❖ Psychological Test Results (if applicable)
- ❖ Student Promise contract/Parent Acknowledgement Signature

I, _____

(Print First & Last Name)

acknowledge that I have completed the application, student enrollment 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.

Signature

Date

Florida Department of Health

****OFFICIAL USE ONLY****

Student Health Examinations (Gold/Yellow Form)

Date: _____

Certificate of Immunization (Blue Form)

Completed: _____ Date to be completed by: _____

Diocese of St. Augustine Application for Enrollment at Queen of Peace Catholic Academy

<p style="text-align: center;"><u>Father/ Guardian</u></p> <p>Last: _____</p> <p>First: _____</p> <p>Middle: _____</p> <p>Religion: _____</p>	<p>US Citizen (yes/no): _____</p> <p>Occupation: _____</p> <p>_____</p> <p>Education Level: _____</p>	<p style="text-align: center;"><u>Marital Status</u></p> <p>Married <input type="checkbox"/></p> <p>Single-Parent <input type="checkbox"/></p> <p>Deceased <input type="checkbox"/></p> <p>Separated <input type="checkbox"/></p> <p>Divorced-Single <input type="checkbox"/></p> <p>Divorced-Remarried <input type="checkbox"/></p>
--	---	---

<p style="text-align: center;"><u>Mother/ Guardian</u></p> <p>Last: _____</p> <p>First: _____</p> <p>Middle: _____</p> <p>Religion: _____</p>	<p>US Citizen (yes/no): _____</p> <p>Occupation: _____</p> <p>_____</p> <p>Education Level: _____</p> <p>Maiden Name: _____</p>	<p style="text-align: center;"><u>Marital Status</u></p> <p>Married <input type="checkbox"/></p> <p>Single-Parent <input type="checkbox"/></p> <p>Deceased <input type="checkbox"/></p> <p>Separated <input type="checkbox"/></p> <p>Divorced-Single <input type="checkbox"/></p> <p>Divorced-Remarried <input type="checkbox"/></p>
--	---	---

<u>Family Information</u>	
Preferred Title on mail: Mr. & Mrs.; Dr. & Mrs.; etc _____	Home Language: _____
Home Address _____	
Street	City
State	Zip
Phone: (____) _____ - _____ Email Address: _____	
Email address may be shared for school and diocesan information (Yes/No) _____	
Child/Children Lives with: <input type="checkbox"/> Both <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Shared Custody <input type="checkbox"/> *Other _____ *Custody Papers Required	

<p><u>Father/Guardian's Employer:</u></p> <p>_____</p> <p>Bus. Phone: (____) _____ - _____</p> <p>Cell Phone: (____) _____ - _____</p> <p><u>Mother/Guardian's Employer:</u></p> <p>_____</p> <p>Bus. Phone: (____) _____ - _____</p> <p>Cell Phone: (____) _____ - _____</p> <p><u>Church Membership:</u> (please check)</p> <p><input type="checkbox"/>Catholic In-Parish-Envelope# _____</p> <p><input type="checkbox"/>Catholic Out-of-Parish Church Registered _____</p> <p><input type="checkbox"/>Non-Catholic _____</p>	<p><u>Emergency Name:</u></p> <p>_____</p> <p>Relationship: _____</p> <p>Phone: (____) _____ - _____</p> <p><u>Alternate Emergency Name:</u></p> <p>_____</p> <p>Relationship: _____</p> <p>Phone: (____) _____ - _____</p> <p>Family Doctor _____ Phone _____ - _____</p> <p>Family Dentist _____ Phone _____ - _____</p> <p>Preferred Hospital _____ Phone _____ - _____</p> <p>Parents Primary Health Insurance Company _____ Policy # _____</p>
--	---

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 their 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 serious 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 for my child. 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

No medication may be given to a child by any staff member of the school unless a separate Medication Authorization Form is completed. This includes prescription and non-prescription medication. Before any medication can be administered, a statement from the physician or parent concerning the medicine, the dosage and time administered, must be on file at the school. All medicines are to be sent to the school office and clearly labeled. No student may have any medicine on his or her person or in his or her belongings at any time.

General Release of Liability

The undersigned hereby releases and forever discharges Queen of Peace Catholic Academy, 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 Queen of Peace Catholic Academy.

Parent Authorization

Please initial each appropriate box and sign accordingly.

Initial:

_____ **1. 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 and sport rules.

_____ **2. Diocese of St. Augustine Photo/Video Permission**

I understand that during the course of the year videos and pictures may be taken of the Queen of Peace Catholic Academy students. These pictures may be used for school use only.

_____ **I do** give consent for videos and pictures of my child(ren) for school use only.

_____ **I do not** give consent for videos and pictures of my child(ren) for school use only.

_____ **3. School Directory**

_____ **I wish to be included in the school directory.**

_____ **I do not wish to be included in the school directory.**

_____ **4. 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.

_____ **5. Financial Responsibility**

I assume the total financial 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 in order to maintain student status. **If tuition and other finances are not current, the school policy is to withhold the student's report card until financial arrangements are made. If tuition is not up to date at the end of the year, final grades and school records will not be transferred to another school.**

*"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 school administration deems it necessary."*

Parent Signature _____ Date _____