



# HOLY FAMILY CATHOLIC SCHOOL



2012-2013

## New Student Application ~ K - 8<sup>th</sup> Grade (Please complete one per student)

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

Student's Complete Legal Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

Birth Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ City, State, Country \_\_\_\_\_

Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Religion: \_\_\_\_\_ Language: \_\_\_\_\_

**If this student is transferring from another school please provide the following:**

School name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Grades attended: \_\_\_\_\_

Has this student undergone any educational testing? (One must be checked): \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what testing has been done? \_\_\_\_\_ By whom? \_\_\_\_\_

Does this student have an IEP? (Individualized Educational Program) (One must be checked): \_\_\_\_\_ Yes \_\_\_\_\_ No

Has student ever repeated a grade? \_\_\_\_\_ Yes \_\_\_\_\_ No

**An entrance assessment in math and reading will be required for all students entering K-8<sup>th</sup> grade.**

**Please complete the following medical information:**

List all of your child's medical conditions/allergies: \_\_\_\_\_

Medications regularly taken by this student: \_\_\_\_\_

(See Parent/Student Handbook for Medication policies)

**Please complete the information below for the parents/guardians at the student's primary residence:**

Preferred Title on mail: \_\_\_\_\_

Street Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

(Student's primary residence will be used in the school directory.)

Church Membership:

HFCC In-Parish Envelope # \_\_\_\_\_  Catholic Out-of-Parish ~ Church Registered \_\_\_\_\_

Non-Catholic \_\_\_\_\_

**Father/Guardian**

Name: \_\_\_\_\_

Business: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Religion: \_\_\_\_\_

Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_

Child lives with:  Both  Father\*\*  Mother\*\*

**Mother/Guardian**

Name: \_\_\_\_\_

Business: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Religion: \_\_\_\_\_

Married \_\_\_\_\_ Divorced \_\_\_\_\_ Single \_\_\_\_\_

Other\*\* \_\_\_\_\_

\*\*LEGAL DOCUMENTATION OF CUSTODY MUST BE SUBMITTED WITH APPLICATION

(Over)

**COMPLETE ONLY IF PARENTS ARE DIVORCED**

Does parent with whom student reside have:

- Sole Custody**
- Shared Parental Responsibility**

If shared parental responsibility, please complete the following:

Name of non-residential parent \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**\*\*LEGAL DOCUMENTATION MUST BE SUBMITTED WITH APPLICATION - Date Received \_\_\_\_\_**

**Immunization Guidelines:** HFCS adheres to the State of Florida Immunization guidelines. The Student Health Examination Form 3040(Yellow/Gold) and the Certificate of Immunization Form 680(Blue or White Form) are required for entrance. To obtain further information regarding State of Florida requirements please visit the website: [http://www.doh.state.fl.us/DISEASE\\_CTRL/immune/schoolguide.pdf](http://www.doh.state.fl.us/DISEASE_CTRL/immune/schoolguide.pdf)

**The following documents are required for each student:**

- Completed Holy Family Catholic School 2012-2013 New Student Registration Form
- Birth Certificate
- Baptismal Certificate (if Catholic)
- Reconciliation, First Communion and Confirmation Certificates (if Catholic and applicable)
- Copy of student’s current and previous two year report cards (Gr. 1 and higher)
- Copy of student’s recent and previous two year standardized test scores (Gr. 2 and higher)
- Documentation of testing for gifted or special needs, if applicable
- Current **original** (blue or white) Florida Dept. of Health Certificate of Immunization Form 680 (upon acceptance)
- Current **original** (yellow/gold) Florida Dept. of Health School Entry Health Exam Form 3040 (upon acceptance)
- Documentation of custody, if applicable

**Financial Responsibility:**

I assume the total financial responsibility of tuition and fees for the school year and understand that all 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. I understand if tuition payments are three (3) months delinquent, Holy Family Catholic School will withdraw our student and will not release any academic records until such time as our account is brought current. 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. In the event I do not pay the outstanding balance, I agree that I may be liable for any legal fees that are incurred.

**Diocese of St. Augustine Volunteer Requirements:**

The Diocese of St. Augustine requires that all volunteers must be fingerprinted, have background clearance, complete the “Protecting God’s Children” Program and provide references upon request. **There are no exceptions.** Holy Family Catholic School requires that each family volunteers 20 hours per school year.

**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 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.

**General Release of Liability:**

The undersigned hereby releases and forever discharges Holy Family Catholic School, 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 Holy Family Catholic School.

- ❖ *I attest to the accuracy and completeness of the information provided on this registration form. I agree to provide all of the required student certificates, immunization records, special needs testing reports, and tuition(Program A) which I understand are non-refundable, due prior to my child beginning school at Holy Family Catholic School. My child’s registration is valid with all documents submitted in their entirety and on file at Holy Family Catholic School.*
- ❖ *I fully understand that this registration of my child/ children will serve as my complete and unconditional agreement to all the policies of Holy Family Catholic School, Holy Family Catholic Church and the Diocese of St. Augustine.*
- ❖ *Anytime a new family enrolls at Holy Family Catholic School: Registration and Annual fees will be assessed at the full rate for the school year.*

*“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.”*

**Signatures of both mother and father are required.**

x \_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date

x \_\_\_\_\_  
Signature of parent or legal guardian

\_\_\_\_\_  
Date