

**St. Matthew's Catholic School
1773-0010 Blanding Blvd.
Jacksonville, FL 32210
904-387-4401**

New Family 2012-2013 Check List

School starts on: *August 15, 2012*

1. _____ **Registration Fee \$200.00**
2. _____ **Family Registration Form**
3. _____ **Student Information Form (one for each student)**
4. _____ **Copy of Student's Baptism Certificate (If Catholic)**
5. _____ **Copy of Student's Birth Certificate**
6. _____ **Health form and HRS form # DH680 filled out by doctor's office.**
7. _____ **Signed Registration Agreement**

VPK Families Only

1. _____ **Child Eligibility Certificate**
2. **What time will your student be picked up?**
 - _____ **11:00 am** _____ **2:55 pm** _____ **6:00 pm**
3. _____ **Attendance Policy/ Daily Attendance Record**
4. _____ **Payment of \$200.00 (Registration fee does not apply to VPK students)**

Student Information

Student's Name: _____ Entering Grade: _____

Date of Birth: _____ Age: _____ Male Female

Religion _____ Home Phone _____

Street Address:

(City) _____ (State) _____ (Zip) _____

Race: (Statistical purposes) Caucasian African-American Asian Hispanic Other

Language or languages spoken by Student _____

Language spoken at home: _____

Child lives with: Both Parents Mother Father Other (explain)

School Presently Attending:

Physician's Name:

Phone: _____

Does your child have any diagnosed, physical or academic learning disabilities, allergies, or special medical needs, (including ADD/ADHD and/or anxiety adjustment disorders)?

Yes _____ No _____ If yes, is the student receiving treatment? Yes _____ No _____

Current medication:

Please Specify: diagnosis/treating physician's name:

Please note if you have a student entering:

**Kindergarten- must have 5th DTP/DTAP/DT/TD, 4th Polio, 2nd MMR, Hepatitis series and Varicella
7th grade they must have their TD Booster and Hepatitis Series before the start of school.**

**St. Matthews Catholic School
New Family Registration
2012-2013**

Parent / Guardian's Name: Father Mother Guardian Other _____

Home Address: (If different from Student)

(City) _____ (State) _____ (Zip) _____

Home Phone: (If different from Student) _____

Work Number: _____ **Cell Phone Number:** _____

E-Mail Address: _____ **for monthly financial statement and newsletters**

Education: High School Some College Associates Bachelor Masters Doctorate

Marital Status Single Married Separated Divorced

Parent / Guardian's Name: Father Mother Guardian Other _____

Home Address: (If different from Student)

(City) _____ (State) _____ (Zip) _____

Home Phone: (If different from Student) _____

Work Number: _____ **Cell Phone Number:** _____

E-Mail Address: _____ **for monthly financial statement and newsletters**

Education: High School Some College Associates Bachelor Masters Doctorate

Marital Status Single Married Separated Divorced

Emergency Contacts Authorized to pick up student: List at least three (other than previously listed)

1. Name: _____ Relationship to student: _____

Home Phone: _____ Cell: _____ Other: _____

2. Name: _____ Relationship to student: _____

Home Phone: _____ Cell: _____ Other: _____

3. Name: _____ Relationship to student: _____

Home Phone: _____ Cell: _____ Other: _____

2012-2013

Registration Agreement

The acceptance of this application is contingent upon the student satisfactorily completing the grade in which he/she is presently enrolled and if a new student at St. Matthew's Catholic School, satisfactorily completing the entrance requirements.

Every student, returning or new, is under a 30 day probationary period beginning the first day he/she attends classes at St. Matthew's. During this 30 day probationary period, students whose behavior and actions do not match the philosophy of the school may be dismissed from St. Matthew's Catholic School. If a student withdraws during this 30 day period all resource fees and registration fees will be retained. All tuition paid will be retained. **No refunds will be given.** Furthermore, expulsions after the 30 day period will follow handbook guidelines and will also result in **no refunds of fees or tuition.**

Parent-Student 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. The Parent Student Handbook is available on the school web page www.stmatthewscs.org or a hard copy can be requested from the school office.

Conditional Release

During the course of the school year we will take videos and photographs of classes, activities and events. We will use pictures to publicize the school, to make the school community aware of the scope of activities and to share videos and clips with other schools. Students' images may also appear in newspapers and on television. Students may be asked to participate in polls and surveys.

Internet Acceptable Use Policy

We, the undersigned, agree to comply with the privilege of internet use and will comply with all current policies, rules, and regulations of the diocese and of St. Matthew's Catholic School as described by the teachers and written in the parent/student handbook.

Medication Policy

No medication may be given to a child by any staff member of the school unless a medication authorization form is completed. This includes prescription and non-prescription medication. **All medicines** are to be sent to the school office in the original container along with the completed form. No student may have any medication on his or her person or in his or her belongings at any time.

In the case of prescription inhalers which must be carried a separate release form will need to be completed.

Has your child / children been diagnosed with physical or academic learning disabilities including ADD/ADHD and or anxiety adjustment disorders? YES / NO

If yes: Child's Name _____ Grade _____

Diagnoses _____

Has a psychological education evaluation been administered? YES / NO

Current medication if applicable _____

2012-2013

Service Hours

All families are required to contribute a minimum of twenty-five (25) hours of service to St. Matthew's Catholic School during the school year as described on the tuition schedule. Failure to serve the required hours will result in an assessment for each hour not worked to the family account on May 1 of each school year. The assessment fee per hour is \$10.00. Any volunteer hours turned in after May 1 will be allocated for the following school year.

Financial responsibility

The registration fee is non-refundable and must be paid at the time of registration. Resource fees for each student are due **June 1st** and are also non-refundable.

I assume financial responsibility for the school year 2012-2013 I understand that the tuition is due on the 1st of the month and a late fee of \$25.00 will be charged for tuition received past the 15th of the month the tuition is due. I understand that tuition and fees paid to St. Matthew's Catholic School are not refundable

All accounts must be current by the first day of school in order for the student/students to attend classes.

Are you currently a member of St. Matthew's Catholic Church? _____ Envelope # _____

2012/2013

Payment Election

I elect to pay the **tuition monthly/annually** in the amount of \$ _____ which will be due **July 1st 2012**.

I elect to pay the **extended day monthly** in the amount of \$ _____ which will be due **August 1st 2012**.

Monthly statements will be provided via email. Please be sure to provide the school with a valid email address.

In signing the registration agreement, we attest that all information provided is complete, factually correct and honestly presented.

Parent/Guardian's signature: _____ Date: _____

Printed Name: _____

Parentf/Guardian's signature: _____ Date: _____

Printed Name: _____

For office use only: Date processed _____ Amount Paid _____ Check # _____

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Parents of children enrolled in a VPK class must comply with our attendance policy.

VPK Attendance requirements:

1. Children must arrive in the VPK classroom by 7:45 am daily.
2. Children must be in attendance until 11:00 a.m. daily.
3. Children who arrive late or leave early will be counted as absent.
4. Parents must call the school office 387-4401 if your child is going to be late or absent.
All absences require a ***Documentation of Child's Absence form*** to be completed.
Parents will be financially responsible for any scheduled school days that are not eligible for payment by the VPK program.
5. A doctor's note is required if a child misses more than 3 consecutive days per month for illness.
6. Parents must sign an attendance verification form provided by the school each month.
7. Parents arriving after 11:00am will be charged the applicable extended day rate.
8. Families who do not meet the VPK attendance requirements will lose VPK funding.

I understand and accept the terms of the VPK attendance policy.

Parent Name: _____

Parent's Signature: _____ Date: _____

Student's Name: _____

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Parental Certification for Voluntary Pre-K Student Attendance at:
St. Matthew's Catholic School

I affirm that I have given permission for the teachers of my child to act as my representative in recording and signing the daily attendance record for:

(Print student name)

I will be provided a student attendance form and will sign and return it once a month.

(Print parents/guardian name)

(Signature of parent/guardian)

(Date)