

# Diocese of St. Augustine Application for Enrollment at St. Joseph Catholic School

## Father/Guardian

Last: \_\_\_\_\_

First: \_\_\_\_\_

Address if different from child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Religion:   Catholic   Non-Catholic

### Marital Status

Married

Single-Parent

Deceased

Separated

Divorced-Single

Divorced-Remarried

## Mother/Guardian

Last: \_\_\_\_\_

First: \_\_\_\_\_

Address if different from child:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Religion:   Catholic   Non-Catholic

### Marital Status

Married

Single-Parent

Deceased

Separated

Divorced-Single

Divorced-Remarried

## Family Information

Preferred Title on mail: Mr. & Mrs.; Dr. & Mrs.; other \_\_\_\_\_ Home Language: \_\_\_\_\_

Child/Children Lives with: Both   Father   Mother   Other \_\_\_\_\_

**Church Membership:** (please check)

Catholic In-Parish-Envelope # \_\_\_\_\_

## 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 his 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 St. Joseph 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 St. Joseph Catholic School.

## 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 St. Joseph Catholic School students. These pictures may be used for school purposes only.

\_\_\_\_\_ **I do** give consent for videos and pictures of my child(ren) for school use only, including the school's Facebook page.

\_\_\_\_\_ **I do not** give consent for videos and pictures of my child(ren) for school use only, except in the school's yearbook.

\_\_\_\_\_ **3. Diocese of St. Augustine Volunteer Requirements**

The Diocese of St. Augustine requires that all volunteers must be fingerprinted, have background clearance, and have taken the *Protecting God's Children* Program. There are no exceptions.

\_\_\_\_\_ **4. 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 \_\_\_\_\_