

ST. CHARLES SCHOOL APPLICATIONS FOR 2010-11

Applications for the 2010-11 school year will be available beginning Monday, January 4, 2010 both in the Rectory and the School Office.

KINDERGARTEN:

All parents who are interested in Kindergarten placement for 2010-11 (including the parents of students presently enrolled in our preschool) must submit an application by January 22, 2010.

NEW STUDENTS FOR GRADES 1-6: Parents of new students must submit an application and signed release of information form by February 12, 2010. A copy of the child's most recent report card should be attached to the grade 1-6 applications.

PRESCHOOL:

All parents who are interested in preschool placement for 2010-11 (including the parents of students presently enrolled in our preschool program and interested in continuing in our preschool program) must submit an application by January 22, 2010.

IN ADDITION:

In order for the application to be complete, families will need to submit the following information:

PARISH REGISTRATION: St. Charles School Admission Policy requires that families be registered in a Catholic parish; participate in Mass every weekend; have a history of contributing a minimum of \$8.00 in the weekly Church envelopes; and be supportive of Catholic Education and the policies of the school. School families are also required to participate fully in our Parish Certificate Program.

AGE REQUIREMENTS:

Kindergarten students must be five on or before September 30, 2010

Preschool: Three year old program must be three on or before March 1, 2010

Four year old program must be four on or before September 1, 2010

INFORMATION NEEDED FOR APPLICATIONS: To complete the application forms parents will need to provide the following:

- Child's birth certificate (copy only)
- Baptismal certificate (copy only)
- Completed St. Charles Preschool Registration Form and Information Sheet (preschool only)
- St. Charles Preschool Health Information Form (preschool only)
- School Health Questionnaire (Kdg.-6 only)
- Release of Information Form (Kdg.-6 only)
- Permanent Record Card (Kdg.-6 only)
- Copy of custody/guardian papers (if applicable)
- Proof of residence (utility bill, etc.)

St. Charles Borromeo School
Kindergarten Enrollment Application

Student's name: _____ Date of birth: _____

Student's Address: _____

1. How long have you lived at your present address? _____
2. Is your family registered in St. Charles Parish? _____

If yes, please indicate date/year: _____

Did you attend a re-registration meeting in the summer of 2003? _____

Are you participating in the "My Fair Share" Program? _____

If no, indicate name of parish where registered: _____

Is your family using the certificate program? _____

What preschool program does your child presently attend? _____

Please submit a copy of your child's preschool evaluation form if attending a preschool other than St. Charles.

Please complete all of the attached forms. Once all forms are returned to the rectory or school office a review will be completed with all information applied to the Admission Policy.

Attached forms to be completed and returned with this application are:

___ School Health Questionnaire

___ Permanent Record Card

along with:

___ copy of birth certificate

___ copy of baptismal certificate

Once the student has been accepted the appropriate medical forms will have to be completed by the student's physician. Please note that the State of Ohio requires a physician's signature on the form. All applicants must have the School Entrance Medical Record form completed by a physician. All medical information must be submitted by August 1 of a given year.

2. Has your child had any of the following? (Give approximate year)

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. Hospitalizations, serious injuries):

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

Wears glasses _____ Eye Specialist _____ Date of exam _____

Caps or Tooth Spacers _____

Hearing loss _____ Ear Specialist _____ Date of exam _____

Ear infection _____ Which ear? _____

Speech problems _____

Bowel or Bladder elimination problems _____

5. Medications currently being administered to child:

Signature of Parent/Guardian _____

Date: _____

OFFICE OF CATHOLIC EDUCATION - DIOCESE OF CLEVELAND - PERMANENT RECORD CARD



STUDENT #	CLASS OF: (Year)					
STUDENT INFORMATION						
Last Name	First Name	Middle Name	Sex	Birthdate	Birthplace (City, St, Country)	Date Entered

Click the box to the left of the current residence, mm/dd/yyyy Date student entered school.

Residence Address	City	County	Zip	Home Phone	Student Parish / City
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
Ethnicity (Optional)					
<input type="radio"/> Amer Indian/Alaskan Native <input type="radio"/> Black/African Amer <input type="radio"/> Native Hawaiian/Other Pacific Islands <input type="radio"/> Multiracial <input type="radio"/> Asian <input type="radio"/> Hispanic <input type="radio"/> White					

SACRAMENTS		BAPTISM CERTIFICATE		STUDENT ENTERED FROM <input checked="" type="radio"/> Parochial <input type="radio"/> Other	
Baptism Date		Verified by		School from	
Reconciliation Date		Church		School from City	
Communion Date		Rite		School from State	
Confirmation Date		City, St, Zip		Grade Entering	
<i>Check the box(es) to the left of who student resides with.</i>				<input type="radio"/> PK <input type="radio"/> K <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8	

STUDENT LIVES WITH							
	Last Name	First Name	Maiden Name	Birthplace	Occupation	Employer	Work Phone
<input type="checkbox"/>	Natural Mother (NM)						
<input type="checkbox"/>	Natural Father (NF)						
<input type="checkbox"/>	Custodial M (CM)						
<input type="checkbox"/>	Custodial F (CF)						
<input type="checkbox"/>	Other						

PARENTS/CUSTODIAL PARENTS	<i>Catholic, Protestant, Jewish, Other</i>		<i>Married / Separated / Divorced / Remarried / Widowed / Single / Deceased</i>		<i>Under 12 years/High School Graduate/College Non-Graduate/College Graduate/Beyond College</i>	
	Religion	Parent Status		Education		
Natural Mother (NM)						
Natural Father (NF)						
Custodial M (CM)						
Custodial F (CF)						
Other						

LEGAL GUARDIAN			OTHER CHILDREN IN THE FAMILY/LIST NAME & BIRTHDATES			
Name		1.		4.		
Address		2.		5.		
City, St, Zip		3.		6.		

LANGUAGE SPOKEN AT HOME	<input type="checkbox"/> English <input type="checkbox"/> Other (list) _____
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