

## ST. CHARLES SCHOOL APPLICATIONS FOR 2009-2010

Applications for the 2009-2010 school year will be available beginning Tuesday, January 20, 2009 both in the Rectory and the School Office.

### **KINDERGARTEN:**

All parents who are interested in Kindergarten placement for 2009-10 (including the parents of students presently enrolled in our preschool) must submit an application by February 13, 2009.

**NEW STUDENTS FOR GRADES 1-6:** Parents of new students must submit an application and signed release of information form by April 24, 2009. 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 2009-10 (including the parents of students presently enrolled in our preschool program and interested in continuing in our preschool program) must submit an application by April 24, 2009.

### **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 expected to be using the Parish Certificate Program (minimum use of \$3000 per year).

### **AGE REQUIREMENTS:**

**Kindergarten** students must be five on or before September 30, 2009

**Preschool: Three year old program** must be three on or before March 1, 2009

**Four year old program** must be four on or before September 1, 2009

**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  
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 school does your child currently attend? \_\_\_\_\_ Present Grade \_\_\_\_\_

Anticipated grade for 2009-2010 \_\_\_\_\_

Does your child receive any special services (remedial reading/math, speech, tutoring, etc.) at present time? \_\_\_\_\_

If yes, what services? \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_

Please complete all of the attached forms. Once all forms are returned to the rectory or the 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
- \_\_\_ Release of Information Authorization
- \_\_\_ Permanent Record Card

along with:

- \_\_\_ copy of birth certificate
- \_\_\_ copy of baptismal certificate
- \_\_\_ copy of child's last report card

# St. Charles Borromeo School

*"Travel the Path to Achieve Excellence"*

440- 886-5546

7107 Wilber Ave. Parma, Ohio 44129

Fax 440-886-1163

## AUTHORIZATION FOR RELEASE OF SCHOOL INFORMATION

By my (our) signature below, I (we), as parent(s)/guardian(s) of

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

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

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

give my permission to the principal of \_\_\_\_\_  
(name of current school)

to release the following school records of \_\_\_\_\_  
(name of student)

to St. Charles Borromeo School:

- Grades and academic records
- Psychological assessments and records
- Attendance records
- Medical records
- Testing results and/or evaluations
- All of the above

Signature: \_\_\_\_\_

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

Signature: \_\_\_\_\_

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

St. Charles  
School Health Questionnaire

Child's Name \_\_\_\_\_ Birth date \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

School last attended \_\_\_\_\_ City \_\_\_\_\_

Parent(s) Name: Father \_\_\_\_\_ Mother \_\_\_\_\_

Guardian(s) \_\_\_\_\_

Name of Family Physician: \_\_\_\_\_ Office Phone \_\_\_\_\_

Name of Family Dentist: \_\_\_\_\_ Office Phone \_\_\_\_\_

**MEDICAL HISTORY:**

1. Immunizations: Enter month/day/year of each immunization.

DPT: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_ 5 \_\_\_\_\_

POLIO: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

MMR: 1 \_\_\_\_\_ 2 \_\_\_\_\_

(If separate: Measles \_\_\_\_\_ Mumps \_\_\_\_\_ Rubella \_\_\_\_\_)

HIB: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_ 4 \_\_\_\_\_

HEPATITIS B: 1 \_\_\_\_\_ 2 \_\_\_\_\_ 3 \_\_\_\_\_

VARIVAX: 1 \_\_\_\_\_

Other immunizations: (Give type and date): \_\_\_\_\_

(Continue on other side)

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



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

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

<b>Residence Address</b>	<b>City</b>	<b>County</b>	<b>Zip</b>	<b>Home Phone</b>	<b>Student Parish / City</b>
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<b>Ethnicity (Optional)</b>	<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				

<b>SACRAMENTS</b>		<b>BAPTISM CERTIFICATE</b>		<b>STUDENT ENTERED FROM</b> <input checked="" type="radio"/> Parochial <input type="radio"/> Other	
<b>Baptism Date</b>		<b>Verified by</b>		<b>School from</b>	
<b>Reconciliation Date</b>		<b>Church</b>		<b>School from City</b>	
<b>Communion Date</b>		<b>Rite</b>		<b>School from State</b>	
<b>Confirmation Date</b>		<b>City, St, Zip</b>		<b>Grade Entering</b>	

*Check the box(es) to the left of who student resides with.*

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

<b>PARENTS/CUSTODIAL PARENTS</b>	<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>	
	<b>Religion</b>	<b>Parent Status</b>		<b>Education</b>		
<b>Natural Mother (NM)</b>						
<b>Natural Father (NF)</b>						
<b>Custodial M (CM)</b>						
<b>Custodial F (CF)</b>						
<b>Other</b>						

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

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