**ALL OF THE FOLLOWING DOCUMENTS MUST BE TURNED IN WITH THIS APPLICATION**

**🞎 BIRTH CERTIFICATE 🞎 IMMUNIZATIONS 🞎 REGISTRATION FEE PAID 🞎 PROMISSORY NOTE COMPLETED AND SIGNED 🞎 HEALTH FORM 🞎 PARENT AUTHORIZATIONS**

**🞎 ENROLLMENT ON FACTS (FACTSMGT.COM) 🞎 EMERGENCY CONTACT INFORMATION**

**STUDENT INFORMATION**

STUDENT’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 FIRST MIDDLE LAST

BIRTHDATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE OF ENROLLMENT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BIRTH PLACE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ RELIGION (OPTIONAL) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME LANGUAGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PARISH/CHURCH \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ETHNICITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BAPTIZED? **⬜** YES **⬜** NO IF YES, PROVIDE CERTIFICATE

 PRIMARY PHONE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WILL THIS PHONE NUMBER BE ADDED TO OUR “REMIND” APP SYSTEM? **🞎**YES **🞎** NO

IF NOT, PLEASE ADD A SECONDARY PHONE NUMBER THAT WILL RECEIVE THESE NOTIFICATIONS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_THIS REMIND TEXT WILL NOTIFY YOU OF SCHOOL DELAYS, CLOSURES & FUNCTION

Can we share your phone number with other St. Rose parents? \_\_ Yes \_\_ No

**PARENT INFORMATION**

FATHER’S FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOTHER’S FIRST NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FATHER’S LAST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MOTHER’S MAIDEN NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**STUDENT RESIDES WITH:**

⬜ BOTH PARENTS ⬜ FATHER/STEPFATHER ⬜ MOTHER ONLY ⬜ FATHER ONLY

⬜ GRANDPARENTS ⬜ MOTHER/STEPMOTHER ⬜ STEPFATHER/STEPMOTHER ⬜ GUARDIAN

**EDUCATIONAL INFORMATION**

CURRENT SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SCHOOL DISTRICT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES THE STUDENT RECEIVE ANY SCHOOL-RELATED SUPPORT SERVICES? 🞎YES 🞎*NO IF YES, PLEASE CHECK ALL THAT APPLY:*

🞎COUNSELING (SCHOOL) 🞎RESOURCE ROOM 🞎SPEECH/LANGUAGE THERAPY

🞎COUNSELING (OUTSIDE SCHOOL) 🞎ESL (ENGLISH AS A SECOND LANGUAGE)

🞎SPECIAL EDUCATION SERVICES 🞎TITLE I REMEDIAL READING 🞎OTHER (PLEASE SPECIFY)

IF ENROLLING IN KINDERGARTEN – SIXTH GRADE, DID YOUR CHILD MISS ANY SCHOOL DAYS LAST YEAR?

🞎YES 🞎NO *IF YES, EXPLAIN WHY* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IS THERE ANY ILLNESS OR DISABILITY THAT IMPACTS THE STUDENT’S STUDIES OR PARTICIPATION IN SCHOOL ACTIVITIES SUCH AS PHYSICAL EDUCATION? 🞎YES 🞎NO

*IF YES, INDICATE WHAT THE ILLNESS OR DISABILITY (ASTHMA, DYSLEXIA, ETC.)*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE DESCRIBE ANY SPECIFIC CIRCUMSTANCES WHICH HAVE AFFECTED YOUR CHILD’S PERFORMANCE IN SCHOOL. (FOR EXAMPLE: ILLNESS OR PHYSICAL HANDICAP, PARTICULAR LEARNING DIFFICULTIES, FAMILY CIRCUMSTANCES, FREQUENT CHANGES IN HOME OR SCHOOL.) PLEASE INCLUDE DOCUMENTATION CONCERNING ANY SPECIAL TESTING YOUR CHILD MAY HAVE HAD.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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LIST ANY ACTIVITIES, SPORTS, CLUBS IN WHICH THE STUDENT IS CURRENTLY A PARTICIPANT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PARENT/GUARDIAN’S AUTHORIZATIONS**:

I, (PARENT/ GUARDIAN) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AGREE TO THE FOLLOWING BY INITIALING EACH LINE. IF YOU WOULD LIKE TO RECEIVE A HANDBOOK PLEASE LET THE OFFICE KNOW, OTHERWISE REFER ALL CONTINUED STATEMENTS TO OUR HANDBOOK POSTED ON OUR WEBSITE. [WWW.SAINTROSESCHOOL.ORG](http://www.saintroseschool.org)

1.I GIVE MY PERMISSION FOR ST. ROSE OF LIMA CATHOLIC SCHOOL TO PUBLISH PICTURES OF MY CHILDREN ON THE ST. ROSE WEBSITE AND FACEBOOK PAGE. \_\_\_\_

2. MY STUDENT WILL READ AND FOLLOW THE ST. ROSE SCHOOL TECHNOLOGY USE RULES IN THE HANDBOOK : \_\_\_

3. WE UNDERSTAND BULLYING IS NOT TOLERATED AT ST. ROSE SCHOOL (HANDBOOK): \_\_\_\_

4. WE WILL FOLLOW ST. ROSE’S UNIFORM POLICY (HANDBOOK): \_\_\_\_

5. WE WILL FULFIL ALL FUNDRAISING AND VOLUNTEERS RESPONSIBILITIES AS INDICATED BY OUR PROMISSORY NOTE (HANDBOOK): \_\_\_

6. WE HAVE READ AND UNDERSTAND THE PERSONAL PHONE AND ELECTRONICS POLICY. (HANDBOOK):\_\_\_

7. WE HAVE READ AND UNDERSTAND ST. ROSE SCHOOL ATTENDANCE /TARDY POLICY. (HANDBOOK):\_\_\_

8. WE HAVE READ AND UNDERSTAND THE ST. ROSE SCHOOL TUITION POLICY. (HANDBOOK):\_\_\_

POLICY OF NON-DISCRIMINATION: ST. ROSE SCHOOL ADMITS STUDENTS OF ANY RACE, COLOR, AND NATIONALITY TO ALL RIGHTS, PRIVILEGES, PROGRAMS, AND ACTIVITIES GENERALLY ACCORDED OR MADE AVAILABLE AT SCHOOL. ST. ROSE SCHOOL DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR OR NATIONALITY IN THE ADMINISTRATION OF ITS EDUCATIONAL POLICIES AND SCHOOL-ADMINISTERED PROGRAMS.

***PROMISSORY NOTE***

*I understand that I have a moral and legal obligation to fulfill my responsibilities under this promissory note. I further understand that failure to comply with the elected payment schedule or failure to complete or schedule my volunteer hours for the 2019-2020 school year will result in:*

*A. withholding of school records and/or report card(s)*

*B. loss of eligibility for re-registering at levels less than full cost.*

*C. The student will be involuntarily released from school.*

*I understand that all tuition payments will now be made through the FACTS Management Company.*

*I agree to pay $\_\_\_\_\_\_\_\_\_\_\_\_\_\_for my tuition & $\_\_\_\_\_\_\_\_\_\_\_\_\_\_for my fees for the 2019-2020 school year.*

*I agree to (circle one):*

*A. Pay my tuition in full by August 15, 2019.*

*B. Set up monthly installments on FACTS.*

*To be completed by principal:*

*This family has received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in scholarship towards the above tuition costs.*

*Fundraising offsets the total cost to educate a child, therefore, I have declared to be an active participant in being a volunteer in the school's fundraising programs; Auction and any other fundraisers throughout the year which need parent/guardian volunteers. Fundraisers are subject to change without prior notice.*

*THE FOLLOWING MINIMUM REQUIREMENTS MUST BE MET:*

*K - 6 Families –Volunteer Hours Required*

*• 20 hours per family for the Auction*

*• 10 hours of additional volunteering*

*• $500 minimum per family from our wreath sale, Candy sale, or Coconut Crawl.*

*Pre-School Only Families- Fundraising Required*

*• $ 500 per family from our wreath sale or candy sale, or the coconut crawl.*

*• Participation in all other fundraisers/auction is optional, but appreciated.*

 *Your help is appreciated with the following events:*

* Catholic Schools Week*

* Community Involved Events*

* Book Fair*

*Failure to work the required hours for fundraising events is not acceptable and will result in a penalty assessment of the designated value of $25.00 per hour, per family. Non-participation or returning of unsold fundraising merchandise is not acceptable. Any shortfall between activity participation and the assigned value will be collected in addition to tuition the next billing cycle. Payment of regular tuition, plus the additional amount are to be paid in full in accordance with the tuition policies. These policies along with the fundraising and volunteer requirements are stated and can be found in the Student Handbook.*

*In signing this promissory note, I am stating that I agree to all the aforementioned terms and conditions. Students will not be enrolled unless this form is completely filled out.*

*MOTHER/GUARDIAN SIGNATURE PRINTED NAME DATE*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*FATHER/GUARDIAN SIGNATURE PRINTED NAME DATE*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**EMERGENCY CONTACT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MOTHER/ GUARDIAN** | **EMPLOYER** |  |  | **WORK ADDRESS** |
|  |  |  |  |  |  |  |  |  |  |  |
| **MOTHER’S HOME ADDRESS** |  |  | **PHONE NUMBER** | **WORK PHONE** |  |
|  |  |  |  |  |  |  |  |  | **XT.** |  |
| **PRIMARY EMAIL** |  | **SECONDARY EMAIL** |
|  |  |  |  |  |  |  |  |  |  |  |
| **FATHER/ GUARDIAN** | **EMPLOYER** | **WORK ADDRESS** |
|  |  |  |
| **FATHER’S HOME ADDRESS** |  |  | **PHONE NUMBER** | **WORK PHONE** |  |
|  |  |  |  |  |  |  |  |  | **XT.** |  |
| **STUDENT NAME** |  | **BIRTHDATE** | **GRADE** | **MEDICAL INFORMATION/ ALLERGIES** |
|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |
| **LIST TWO RELATIVES, FRIENDS, NEIGHBORS WHOM YOU DELEGATE FULL AUTHORITY AND CARE OF YOUR CHILD IF YOU ARE UNREACHABLE** |
| PRIMARY CONTACT | RELATIONSHIP TO CHILD |
| ADDRESS/CITY | PHONE |
| SECONDARY CONTACT | RELATIONSHIP TO CHILD |
| ADDRESS/CITY | PHONE |
| **INCASE OF EMERGENCY, I AUTHORIZE THE ST. ROSE SCHOOL TO CALL THE PHYSICIAN LISTED/ EMERGENCY CONTACT IF I CANNOT BE REACHED & FOLLOW HIS/HER INSTRUCTIONS. ST ROSE SCHOOL DOES NOT ASSUME ANY RESPONSIBILITY IN PROCEDURES TAKEN & DOES NOT ASSUME PAYMENT FOR THE MEASURES TAKEN.** |
| PRIMARY CARE PROVIDER/ DENTSIT |  |  | PHONE |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| ADDRESS/CITY |  |  |  |  | INSURANCE PROVIDER |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **PERMISSION TO PICK-UP MY CHILD/CHILDREN IF NOT LISTED AS EMERGENCY CONTACT** |
| NAME |  |  |  |  |  | RELATIONSHIP TO CHILD |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| NAME |  |  |  |  |  | RELATIONSHIP TO CHILD |
|  |  |  |  |  |  |  |  |  |  |  |
| NAME |  |  |  |  |  | RELATIONSHIP TO CHILD |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

|  |
| --- |
| **FIRST NAME MIDDLE NAME LAST NAME**  |
| **GRADE BIRTHDATE HEALTHCARE PROVIDER/DENTIST**  |
| **SPECIAL HEALTH CARE PLANNING** |
| **LIST ANY/ ALL HEALTH CONCERNS THE OFFICE NURSE SHOULD KNOW ABOUT:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |
| WIL YOUR CHILD NEED OUR OFFICE TO ADMINISTER ANY MEDICATIONS? **🞎**YES **🞎**NO *IF YES, YOU MUST REQUEST AN AUTHORIZATION FORM IN ORDER FOR OUR OFFICE TO ADMINISTER MEDICATION TO YOUR CHILD* |
| DIABETES- DATE OF DIAGNOSIS MY CHILD HAS: **🞎** INSULIN PUMP **🞎** INSULIN PEN **🞎** INJECTED INSULIN  |
| SEIZURE DISORDER- MY STUDENTS NEEDS EMERGENCY MEDICATION FOR SEIZURES. NAME OF MEDICATION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| SPECIAL HEALTH CARE - MY CHILD HAS A SPECIAL HEALTH CARE NEED SUCH AS – WHEELCHAIR, OR OTHER PERMANENT HEALTH CONDITIONS: |
| **LIFE THREATENING CONDITIONS** |  |
| ASTHMA \* SEVER (IF THIS BOX IS CHECKED PLEASE ANSWER THE FOLLOWING QUESTIONS) |
| DOES STUDENT USE RESCUE INHALER ROUTINELY FOR ASTHMA SYMPTOMS YES NO |
| HAS YOUR CHILD USED STEROIDS (PREDNISONE) FOR ASTHMA SYMPTOMS IN THE PAST YEAR? YES NO |
| HAS YOUR CHILD BEEN HOSPITALIZED FOR ASTHMA IN THE PAST YEAR? YES NO |
| ALLERGY/ ANAPHYLAXIS- \*SEVER, WITH EPI-PEN/ AUVI-Q PRESCRIPTION (FOOD, INSECT STING) |
| ALLERGEN(S)- |
| OTHER- |
| *ALERT TO PARENTS/ GUARDIANS: THE SCHOOL MUST KNOW OF LIFE THREATENING CONDITIONS PRIOR TO THE START OF SCHOOL, AS THESE MAY REQUIRE AN INDIVIDUAL HEALTH PLAN (PER RCW .28A.210.320).*  |
| **HEALTH CONDITIONS** |
| CHECK ANY OF THESE CONDITIONS WHICH YOUR CHILD HAS/ HAD |
| ADD/ADHD | BLOOD DISORDER | DEPRESSION/ANXIETY | HEART PROBLEMS | SERIOUS INJURY |
| ALLERGIES | BOWEL/BLADDER | ORTHOPEDIC/BONE | VISION CONCERNS | DENTAL |
| ASTHMA | CANCER | HEARING/HEARING AID | SOCIAL/EMOTIONAL/ BEHAVIORAL  | OTHER |
| IF YOU HAVE CHECKED ANY OF THE ABOVE CONDITIONS/CONCERNS, PLEASE EXPLAIN: |
| DOES YOUR CHILD WEAR GLASSES? YES NO |
| **AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT** |
| I UNDERSTAND THE INFORMATION GIVEN ABOVE WILL BE SHARED WITH APPROPRIATE SCHOOL STAFF TO PROVIDE FOR THE HEALTH AND SAFETY OF MY CHILD. IF EITHER I OR AN AUTHORIZED EMERGENCY CONTACT PERSON CANNOT BE REACHED AT THE TIME OF A MEDICAL EMERGENCY I AUTHORIZE AND DIRECT SCHOOL STAFF TO SEND MY CHILD TO THE MOST ACCESSIBLE HOSPITAL OR PHYSICIAN. I UNDERSTAND I WILL ASSUME FULL RESPONSIBILITY FOR PAYMENT OF ANY MEDICAL SERVICES RENDERED.  |
| PARENT/ GUARDIAN SIGNATURE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**STUDENT HEALTH FORM**

**(ONE FORM PER CHILD)**

PLEASE CHECK OFF ANY HEALTH CONCERNS THAT YOUR CHILD HAS, IF YOUR CHILD DOES NOT HAVE ANY HEALTH CONCERNS, SIMPLY CHECK THE BOX BELOW AND SIGN THE BOTTOM OF THIS FORM

**🞎 NO HEALTH CONCERNS AT THIS TIME. SIGN BOTTOM OF THIS FORM**