

<p>For Office Use</p> <p>Check # _____</p> <p>Cash _____</p>

**St. Gregory School
New Family Application, PK-8
2017-2018**

Last Name of Family _____

Father: First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Mother: First Name _____ Last Name _____ Maiden Name _____

Address (if different from above) _____

City _____ State _____ Zip _____ Home phone _____

Stepmother: First Name _____ Last Name _____

Stepfather: First Name _____ Last Name _____

Tuition bill should be sent to (please circle one) Father's Address Mother's Address

How many PK-8 age children are in your family? _____ How many PK-8 children are you applying for? _____

If you have more than one child applying for admittance and we only have class space for one student, would you be willing to have one child accepted? ___ Yes ___ No

	Father	Mother	Stepfather	Stepmother
Cell Phone				
Work Phone				
Email				
Religion				
Date of Birth				
Occupation				
Company				
Work Address				
Degree				

Mass attendance every Sunday
(Please indicate for each)

	Father	Mother	Children
Yes			
Sometimes			
No			
Non-Catholic			

Custody Information

If divorced, please specify custody agreement*

___ Joint ___ Sole

If Sole Custody, who has custody?

___ Mother ___ Father
___ Grandparent ___ Guardian

*Please attach updated custody agreement

Registered Parish _____ Envelope Number _____

New Student Application
(One per student applying)

Applying for _____ grade for the 2017-2018 school year

Last Name _____ First Name _____ Middle _____

Gender ___M___F Date of Birth _____ Place of Birth _____

Student Cell Phone Number (if applicable) _____

Student lives with: ___Both parents___ ___Mother___ ___Father___ ___Other (Specify) _____

Permission to list student's address and home phone (no cell phones) in the School Directory? ___Yes___ ___No___

Ethnicity	Race (check all that apply)	Religion
Hispanic/ Latino?	___American Indian/ Alaska Native___	___Catholic___
___Yes___	___Asian___	___Other (Specify) _____
___No___	___Black or African American___	
	___Haitian___	
	___Native Hawaiian or Other Pacific Islander___	
	___White___	

Present school enrolled in _____

Has your child attended a VPK program sponsored by the Florida Department of Education? ___Yes___ ___No___

Address of school student currently attends _____

During the 2016-2017 school year, what grade was the student in? _____

Has your child ever attended CCD? ___Yes___ ___No___ If yes, how many years? ___
Highest grade **attended** in CCD? ___

Has your child ever been retained? ___Yes___ ___No___ If yes, which grade? ___

Has your child been diagnosed with ADD/ADHD? ___Yes___ ___No___ (If yes, please attach documentation)

Are you aware of any psychological/educational/emotional concerns that would affect your child's academic success?

___Yes___ ___No___ If yes, please specify:

Receipt of Sacraments

Baptism _____	_____	_____	_____
Date	Name of Church	City	State

Communion _____	_____	_____	_____
Date	Name of Church	City	State

Confirmation _____	_____	_____	_____
Date	Name of Church	City	State

Please attach a copy of the following: Birth certificate, Baptismal certificate (even if baptized at St. Gregory), Communion certificate (if applying for grades 4-8), Confirmation certificate (if applicable)

Emergency Form

(One per student applying)

Please list two people, other than parents, that can be contacted in case of an emergency:

Name _____ Relationship _____

Address _____

Cell phone _____ Work phone _____ Home phone _____

Name _____ Relationship _____

Address _____

Cell phone _____ Work phone _____ Home phone _____

Student Medical Information

Does the student have any allergies? ___ Yes ___ No

Please list all allergies/allergic reactions.

Does the student have an Epipen he/she carries? ___ Yes ___ No

Does the student need to sit at a peanut-free table? ___ Yes ___ No

Please list any medications the student currently takes:

Please list any medical conditions we should be aware of:

Please check if your child wears: ___ Glasses ___ Contacts

Physician _____ Phone _____

I, the undersigned, do hereby authorize officials of St. Gregory the Great School to contact directly the persons named on this form and do authorize the named physician of his/her designee to render such treatment as may be deemed necessary in an emergency, for the health of said student. In the event that physicians or other persons listed on this form cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment for the health of the aforesaid student. I will not hold the school financially responsible for the emergency care and/or transportation for said student.

Parent's Name (print)

Signature

Date

**St. Gregory School Family
Church Support Commitment**

St. Gregory Parish Mission Statement

Guided by the Holy Spirit, and our rich Catholic heritage, St. Gregory Parish strives to be a faith community that gives expression to the Gospel message of Christ through Word, Worship and Witness, offering our individual gifts of Time, Talent and Treasure to build up the Kingdom of God on earth.

In the previous year, I/we volunteered in the following:

_____Church/Parish

_____School

_____Development

Please describe service:

A detailed schedule of tuition and multi-child discounts can be found on:

www.saintgreg.org/school_tuition.html.

Active Membership Discount

It is the desire and expectation of the Pastor and Principal that all families embrace the School's mission and support its initiatives. School Families participate fully in the mission of the Church and School by giving of their time, talent and treasure through the Church Offertory support (through envelopes or EZ Give), ministry involvement and school service hours, support of the Walkathon and Auction, and cafeteria duty obligation. St. Gregory School uses these guidelines each year to evaluate a family's participation. Active participation and support of the Church and School qualifies a family for the published tuition rates and exempts them from the Facility Fee assessment.

Please initial next to each statement and sign at the bottom of the page.

- I acknowledge my family's obligation to actively participate in St. Gregory Church and School, and understand the guidelines for active participation and support.
- I have read the St. Gregory School Tuition and Fee Schedule and agree to make the following payments by their respective due dates:
- A non-refundable Application Fee of \$300:** Due at the time of application. Application Fees are \$300 per family for students in grades Kindergarten-8 and \$300 per student for Prekindergarten.
- First tuition payment is due upon acceptance** and is required to secure my student's enrollment for the 2017-2018 school year.
- I acknowledge that all of the above fees are non-refundable.**

I have read, and I fully understand, the instructions regarding the rates and due dates of tuition and fees. I understand that submission of this application, along with accompanying payment, does not imply acceptance and that all applications will be evaluated in accordance with the published criteria for acceptance at St. Gregory School.

Print Name _____ Date _____

Signature _____