



Student Name: \_\_\_\_\_

**STUDENT INFORMATION**

Date of Birth: \_\_\_\_\_

Religion: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Parish: \_\_\_\_\_

Birth Place:

\_\_\_\_\_  
City County State Country  
(if outside USA)

Baptism: \_\_\_\_\_  
Date Church City State

First Communion: \_\_\_\_\_  
Date Church City State

Ethnic Origin:  
\_\_\_\_\_  
Caucasian African-American Hispanic  
\_\_\_\_\_  
American Indian Asian Filipino  
\_\_\_\_\_  
Multi-Racial

**ACADEMIC INFORMATION**

Transferring From (if applicable)

School Name: \_\_\_\_\_

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

\*Kindergarten Use Only: Did the student attend VPK?  Yes  No

Has the student ever repeated a grade?  Yes  No

If so, which Grade(s)? \_\_\_\_\_

Has the student ever been suspended/expelled from any school?  Yes  No

List any and all previous schools attended and years attended:

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

Name of Siblings:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Age:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SEASCS Student:  
\_\_\_\_ Yes \_\_\_\_ No  
\_\_\_\_ Yes \_\_\_\_ No  
\_\_\_\_ Yes \_\_\_\_ No

Student Name: \_\_\_\_\_

**EMERGENCY INFORMATION**

When the school is unable to reach a parent/guardian in the event of an illness or emergency, the persons listed below are authorized to pick up or drop off my child. These persons may sanction medical attention, leaving campus for illness or any other purpose. The persons I have listed below may assume temporary care of my child.

**Please Print:**

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

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

\_\_\_\_\_

Hm Phone: \_\_\_\_\_ Hm Phone: \_\_\_\_\_

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

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

**Authorization for Emergency Care**

In the case of an accident/emergency or serious illness and the school is unable to reach a parent/guardian, the school may make whatever arrangements necessary to provide care and treatment for my child.

In the case of an accident/emergency 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/guardian I authorize the school to contact the persons listed above and request them to pick up my child.

Parent/Guardian Name (print): \_\_\_\_\_  
Last First

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

Student Name: \_\_\_\_\_

**MEDICAL INFORMATION**

Primary Physician: \_\_\_\_\_ Contact phone #: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_

Is student currently taking medication\* on a regular basis? If yes please specify in the space below

Diagnosis	Medication	Dosage	Frequency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Non-Prescription(s) (over the counter medications)	Medication	Dosage	Frequency
Condition			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Does your child have any allergies? \_\_\_\_\_ If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

Does your child have asthma? \_\_\_\_\_ Current treatment: \_\_\_\_\_  
\_\_\_\_\_

**Psychological**

Does your child have any learning disabilities?  Yes  No  
 ADD  ADHD  Dyslexia  other (explain) \_\_\_\_\_

Is your child taking medication associated with this disability?  Yes  No  
If yes, please specify: \_\_\_\_\_  
\_\_\_\_\_

**\*\*Please submit psychological test results to school\*\***

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/guardian 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.

\*Please refer to the School Handbook for medication policy. Medication forms are available in the school office

Parent/Guardian Name (print): \_\_\_\_\_  
Last First

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

Student Name: \_\_\_\_\_

**FINANCIAL RESPONSIBILITY/PAYMENT METHOD**

Primary:

Individual Responsible for Tuition: \_\_\_\_\_  
(Please Print) Last Name First Name

Secondary Individual Responsible for Tuition: \_\_\_\_\_  
Last Name First Name

Relationship to student: \_\_\_\_\_ contact phone #: \_\_\_\_\_

I assume the total financial responsibility of any and all tuition and fees for the school year for: \_\_\_\_\_ (student's name). I understand that all tuition and fees paid to St. Elizabeth Ann Seton Catholic School 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.

I would like to pay the tuition by the following schedule:

- \_\_\_\_\_ FACTS (automatic withdrawals)\*\* 10 months (July - April)  
A one time fee for this service will be collected by FACTS
- \_\_\_\_\_ Bi-Annual payments to SEASCS Due August 1st and December 1st
- \_\_\_\_\_ Annual payment Due August 1st

\*\* Please notify the school bookkeeper when any bank account changes occur throughout the year \*\*

All school families are required to complete twenty five (25) hours of volunteer time in support of school fundraisers as part of their child'd/children's enrollment. For single parents, the requirement is twelve and one half (12.5) hours.

Families participating in Santa Maria del Mar "Time & Talent" are responsible to fifteen (15) hours to SEASCS and ten (10) hours to SMdM.

Those who are able and who would prefer my elect to pay a \$500.00 fundraising fee rather than commit to the twenty-five (25) hours. This payment must be paid by September 1st.

\*\*The Diocese requires all school volunteers to be fingerprinted, attend a Protecting God's Children course, provide three written references and a copy of the Diocesan ethics form.

\*\*Please see the St. Elizabeth Ann Seton Catholic School office for information and forms.

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

Student Name: \_\_\_\_\_

**CONDITIONS AND TERMS OF AGREEMENT / Parent Authorization**

Please Initial each appropriate box and sign accordingly

***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

***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. Elizabeth Ann Seton Catholic School Students.

\_\_\_\_\_ I do give consent for videos and pictures of my child(ren) for publication

\_\_\_\_\_ I do not give consent for videos & pictures of my child(ren) for publication

***School Directory***

\_\_\_\_\_ I wish to be included in the school printed and online directory

\_\_\_\_\_ I do not wish to be included in the school printed and online directory

***Diocese of St. Augustine Volunteer Requirements***

\_\_\_\_\_ The Diocese of St. Augustine requires that all volunteers must be fingerprinted, have background clearance, and have taken Protecting God's Children Program.

***Covenant / Christian Values***

\_\_\_\_\_ As parent/guardian I pledge to cooperate and develop the religious values which St. Elizabeth Ann Seton Catholic School seeks to instill in my child. I recognize that I must work with the school to foster a positive religious experience. I will strive to encourage and nurture the Christian values my child is taught through prayer, word and action realizing that I am my child's first teacher. As a team, parent/guardian, teacher, principal, paster, priests, and deacons, together we will bring Christ's love to our children.

We, the undersigned, agree to comply with all current policies, rules, and regulations of St. Elizabeth Ann Seton Catholic School and any amendments or changes made to said policies, rules and regulations. We attest that all information is complete, factually correct, and honestly presented. Deletion or misrepresentation of information is cause for immediate dismissal.

We, the undersigned also hereby release and forever discharge St. Elizabeth Ann Seton Catholic School, their officers, agents and employees, from all claims and demands, rights and causes of action of any kind the undersigned now has and 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. Elizabeth Ann Seton Catholic School.

Student's Signature \_\_\_\_\_

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

Father/Guardian's Signature \_\_\_\_\_

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

Mother/Guardian's Signature \_\_\_\_\_

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

All NEW students to St. Elizabeth Ann Seton School must submit the following with the application:

Birth Certificate

Baptismal Certificate (Catholic)

Social Security Card

Recent report card and previous two years report cards (if applicable)

Standardized Tests (grades 2 - 8)

Psychological Test Results (if applicable)

Florida Department of Health Certificate of Immunization (Blue Form)