

ST. MARY SCHOOL

CHRIST CENTERED EDUCATION



Elementary Application of Admission

17431 Roscoe Blvd. Northridge, CA 91325

Telephone (818) 345 - 3500

Fax (818) 345 - 3593

Website: www.thestmaryschool.com

Email: office@thestmaryschool.com



ENROLLMENT CHECK LIST

The ability to enroll in St. Mary School is based on a "first come, first serve" basis. Once classes are filled all subsequent applicants are placed on a waiting list for future openings in the order they are received. Therefore, it is important to register your child and turn in the necessary enrollment forms as soon as possible.

Please return the following items to the school office:

- () Registration Fee of \$100 (Per Child / Per Year)
- () Enrollment Form
- () Admission Agreement Form
- () Signed Tuition Agreement
- () Medical History
- () Health and Emergency Form
- () Comfort Letter & Emergency Kit
- () Copy of Birth Certificate or Passport
- () New Marketing Campaign Form
- () Authorization for Release of Student Records (New Elementary Students)
- () Teacher Assessment Form (New Elementary Students)
- () Report of Health Examination for School Entry (5 year old health checkup)

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ENROLLMENT FORM

Child's Name _____ Date _____
Last First Middle Initial

Date of Birth _____ Age _____ () Male () Female

Address _____
Number & Street Apt # City Zip Code

Home Phone _____ English Spoken () Yes () No

Other Languages Spoken at Home _____

Siblings at St. Mary School () Yes () No Names _____

Mother's Name _____

Cell Number _____ Work Number _____

Email Address _____

Address (if different from above) _____
Number & Street Apt # City Zip Code

Father's Name _____

Cell Number _____ Work Number _____

Email Address _____

Address (if different from above) _____
Number & Street Apt # City Zip Code

Heard about St. Mary School through:

- () Friend _____
- () Brochure _____
- () Other _____

- () Banner in Front of Church
- () Website

Parent / Guardian Signature

Date Child is to Start

Director's Signature

Date of Registration

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ADMISSION AGREEMENT FORM

I have received and read the " School Handbook" and accept and agree to abide by these policies .

In addition, I understand:

1. I have been informed of the policies and procedures of the school.
2. I have been informed of the goals, philosophy, and beliefs of the school.
3. That there is a \$100.00 **non-refundable** registration fee.
4. The first tuition payment is due by the first day of school, and all subsequent payments are made one month in advance through the year.
5. I understand that a I will be given a 30 day notice prior to any rate changes.
6. That a late payment of \$25.00 is due with all payments made after the **fifth** of the month.
7. If a student is withdrawn during the year, St. Mary School must be notified in writing at least 30 days prior to withdrawal.
8. That the school is not prepared to care for sick children. I will keep my child at home when not well.
9. That it is my responsibility to **sign my child in and out** each day. I will furnish the office in writing with the name of each adult person that I authorize to bring or pick up my child on the Enrollment Form.
10. That my registration will not be complete until all of the appropriate forms on the Enrollment Checklist have been submitted complete to the school office with the registration fee.

Parent / Guardian Signature

Date

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MEDICAL HISTORY

NAME OF CHILD: _____ DATE OF BIRTH: _____

PLEASE CHECK WHAT APPLIES:

- | | |
|--|---|
| <input type="checkbox"/> Frequent Colds | <input type="checkbox"/> Frequent Sore Throat |
| <input type="checkbox"/> Sinus Trouble | <input type="checkbox"/> Frequent Earaches |
| <input type="checkbox"/> Bronchitis | <input type="checkbox"/> Stomach Upset |
| <input type="checkbox"/> Kidney Trouble | <input type="checkbox"/> Heart Trouble |
| <input type="checkbox"/> Convulsions | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Constipation | <input type="checkbox"/> Bed Wetting |
| <input type="checkbox"/> Sleep Walking | <input type="checkbox"/> Sunburn |
| <input type="checkbox"/> Poor Appetite | <input type="checkbox"/> Nightmares |
| <input type="checkbox"/> Homesickness | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Plant Poisoning | <input type="checkbox"/> Insect Stings |
| <input type="checkbox"/> Behavior | <input type="checkbox"/> Other: _____ |

PLEASE INDICATE THE FOLLOWING DISEASES YOUR CHILD HAS HAD, AND DATES:

- | | | | |
|--|-------------|--|-------------|
| <input type="checkbox"/> Chicken Pox | Date: _____ | <input type="checkbox"/> Scarlet Fever | Date: _____ |
| <input type="checkbox"/> Measles | Date: _____ | <input type="checkbox"/> Polio | Date: _____ |
| <input type="checkbox"/> Tuberculosis | Date: _____ | <input type="checkbox"/> Mumps | Date: _____ |
| <input type="checkbox"/> Rheumatic Fever | Date: _____ | <input type="checkbox"/> Scarlet Fever | Date: _____ |
| <input type="checkbox"/> Whooping Cough | Date: _____ | <input type="checkbox"/> Rubella | Date: _____ |
| <input type="checkbox"/> Other: | _____ | | |

Specific Activities to be Encouraged: _____

Specific Activities to be Restricted: _____

Recent Operations or Serious Injuries: _____

Is your Child under Special Medication: _____

INSTRUCTIONS FOR ST. MARY SCHOOL

Should my child require special medication during school hours, I will send the medication to the school office with written instructions from a physician. I hereby authorize the school office staff to administer it, according to the written instructions indicating dosages and time schedules (fill out Consent for Medication for Administration of Medication Form for further instructions) .

Parent / Guardian Signature

Date

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HEALTH AND EMERGENCY FORM

**** PLEASE FILL OUT THIS FORM COMPLETELY AND ACCURATELY ****

**** IT IS THE PARENTS RESPONSIBILITY TO KEEP THIS INFORMATION CURRENT ****

**** IF ANY INFORMATION CHANGES, NOTIFY THE SCHOOL OFFICE IMMEDIATELY ****

Name of Child _____ Age _____ Room # _____

Address _____

Home Phone # _____ Email _____

Mother's Name _____ Work # _____ Cell # _____

Father's Name _____ Work # _____ Cell # _____

Who specifically **DOES NOT** have permission to pick up the child? _____

IF YOU HAVE A COURT ORDER STATING A PARENT DOES NOT HAVE PERMISSION TO PICK UP YOUR CHILD, YOU MUST PRODUCE A COPY OF THE COURT ORDER FOR THE SCHOOL OFFICE.

IN CASE OF AN EMERGENCY AND PARENTS CANNOT BE REACHED, PLEASE CALL:

Name _____ Home # _____ Work # _____
Cell # _____

Name _____ Home # _____ Work # _____
Cell # _____

***** THE FOLLOWING HAVE PERMISSION TO PICK UP MY CHILD *****

Name _____ Home # _____ Work # _____
Cell # _____

Name _____ Home # _____ Work # _____
Cell # _____

Name _____ Home # _____ Work # _____
Cell # _____

HEALTH INFORMATION

My child is allergic to the following food or medicine _____

Do you authorize the staff to administer NON-ASPIRIN PAIN RELIEVER? () Yes () No

MEDICAL CONDITIONS _____

DOCTOR _____ PHONE _____

DENTIST _____ PHONE _____

MEDICAL INSURANCE WITH _____ POLICY # _____

Parent / Guardian Signature

Date



COMFORT LETTER & EMERGENCY KIT

In order to be best prepared for Emergency Situations that may occur during the school day, such as earthquakes, we ask that your child have an earthquake Emergency Disaster Kit. Below you will find what is needed to be out in **LARGE ZIP LOCK BAG**. Included in the bag will be a copy of the "Health and Emergency Form" as well as a "Comfort Letter" for each child. The policy at St. Mary School is that, in the event of an emergency, children will be kept at school until a designated individual picks them up.

St. Mary School will provide Water, First Aid Necessities and Flash Lights.

KITS ARE TO CONTAIN THE FOLLOWING:

- () One Change of Clothing
- () One Space Blanket (this item can be purchased at Sporting Good Stores)
- () Three Cans of Protein Food
- () 3-5 Favorite Snacks that keep for a long period of time (ie: roll ups, granola bars, etc.)
- () A picture of the family
- () 3x5 Card - Name and telephone number of an out of state contact person
- () One Travel Size pack of Baby Wipes
- () One Favorite Small Toy or Book
- () One Comfort Letter
- () 4x6 Card - with your student's name, telephone number and address. This should be placed in the bag and **clearly visible from the outside.**

COMFORT LETTER

A short note to your child from you. If there are any nicknames, bible scriptures or favorite sayings, please make note of this. Notes for children will reassure them that everything will be ok, and you will be there shortly to pick them up. Please remind your child to pray, be obedient to those in charge and show their best manners.

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MARKETING CAMPAIGN FORM

NAME OF CHILD _____

St. Mary School's marketing campaign will be using pictures of your child taken during school time (ie: pictures during class time, play time, school events, etc.) on our school website, banners, brochures, mailing postcards and all other types of school related advertising. If you agree to waive all rights to this issue, please check the "I AGREE" box below. If you do not agree to waive all rights to this issue, please check the "I DISAGREE" box below.

() **I AGREE** to have pictures of my child taken during school time, to be used on the school website, banners, brochures and other types of school related advertising.

() **I DISAGREE** to have pictures of my child taken during school time, to be used on the school website, banners, brochures and other types of school related advertising.

Parent / Guardian Signature

Date

Parent / Guardian Name

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*** NEW ELEMENTARY STUDENTS COMING FROM ANOTHER SCHOOL ***

AUTHORIZATION FOR RELEASE OF STUDENT RECORDS

Teacher Assessments, Transcripts and Records of Standardized Testing are a part of the admissions application to St. Mary School. Please fill out and return.

Current School

Name of Student

School Address

School Phone Number

Present Grade

Date of Birth

In accordance with the Family Educational Rights and Privacy Act of 1974 and California State Law, I hereby authorize the release to St. Mary School COPIES of all school records, including standardized test results, and any other developmental information regarding the student named above.

Please Mail to:

ST. MARY SCHOOL
17431 ROSCOE BLVD.
NORTHRIDGE, CA 91325

Parent / Guardian Signature

Date

Parent / Guardian Name

Home Address

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*** NEW ELEMENTARY STUDENTS COMING FROM ANOTHER SCHOOL ***

TEACHER ASSESSMENT FORM

NAME OF STUDENT _____ DATE _____

TO THE PARENT:

As part of the admission process at St. Mary School, we must receive a candid assessment of the student. A Teacher Assessment Form must be completed by the student's primary teacher. I hereby waive my rights to access this recommendation on my behalf.

PARENT / GUARDIAN SIGNATURE: _____

Please circle the number that best applies in each category:

	WEAK	FAIR	GOOD	EXCELLENT
Motivation	1	2	3	4
Intellectual Aptitude	1	2	3	4
Growth Potential	1	2	3	4
Attention Span	1	2	3	4
Listening Skills	1	2	3	4
Follows Direction	1	2	3	4
Work Habits	1	2	3	4
Self-Discipline	1	2	3	4
Social Development	1	2	3	4
Leadership	1	2	3	4
Self-Confidence	1	2	3	4
Creativity & Originality	1	2	3	4
Respect for Authority	1	2	3	4
Considerate of Peers	1	2	3	4
Ability to Work with Others	1	2	3	4
Attendance	1	2	3	4

