



ARCHDIOCESE OF MIAMI • 2023-2024 REGISTRATION FORM

Saint David Catholic School

Please complete all fields below.

STUDENT INFORMATION

Student Name: _____ ID: _____
 Address: _____ City, State Zip: _____
 Student Home Phone: _____ Gender: _____ Student Birthdate: _____
 Place of Birth: _____ Student SS#: _____
 Previous school attended: _____
 Religion: _____
 Present Parish: _____
 Year of Baptism: _____
 Year of Confirmation: _____
 Student Cell: _____
 Student Email: _____

Ethnicity: American Indian / Native Alaska
 Asian
 Black
 Native Hawaiian / Pacific Islander
 White
 Multi-Racial
 Select One: Hispanic Non-Hispanic

PARENT/GUARDIAN INFORMATION

Student Lives with: Both Parents Mother Father Guardian:
 Mother's/Guardian Name: Mrs. Ms. _____ Father's/Guardian Name: _____
 Mother's Address: _____ Father's Address: _____
 City, State Zip: _____ City, State Zip: _____
 Home Phone Number: _____ Home Phone Number: _____
 Cell Number: _____ Cell Number: _____
 Work Number: _____ Work Number: _____
 Email: _____ Email: _____
 Employer: _____ Employer: _____
 Position: _____ Position: _____
 Living: Yes No Catholic: Yes No Living: Yes No Catholic: Yes No
 School Alumni: Yes No If yes, Grad Year: _____ School Alumni: Yes No If yes, Grad Year: _____

OTHER INFORMATION

Emergency Contact: _____ Relationship: _____
 Phone Number: _____ Cell Number: _____
 Physician's Name: _____ Physician's Phone Number: _____
 Medical conditions/Medications: _____
 Family member(s) currently attending this school (list grade level/relationship): _____

Other Family member(s) who have graduated from this school (list name, relationship & grad year):

Name: _____	Name: _____	Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
Grad Year: _____	Grad Year: _____	Grad Year: _____

Names of person(s) with permission to pick-up student during school hours: _____

I, as Parent or Legal Guardian, acknowledge that I have read the entire contents of the Parent-Student Handbook and understand the consequences of any violations of the rules and policies of the school. I certify, to the best of my knowledge, that the information provided is true and accurate.

Parent/Guardian signature: _____

Date: _____

NOTE: The Archdiocese of Miami is authorized under federal law to enroll nonimmigrant alien students and issue i-20 certificates in order for students to obtain F-1 status. If you need assistance, please let the school know at registration.

Saint David Catholic School



TUITION AGREEMENT

Name of Student(s): _____

Address: _____

Please read carefully and select your tuition payment option.

Payment Plan Options:

- Option 1 One-Time Payment in Full
- To be paid in full by August 31, 2023 by either cash, check or money order directly to the school
- Option 2 Installment Payment Plan through FACTS Management
- Please select the number of installments.
- Semiannual (due August and January)
- Monthly (Ten monthly installments from August through May)
-

All installment payments must be processed and paid through FACTS Management Company by either:

1. Electronic Funds Transfer from a designated checking or savings account; or
2. Credit Card

I acknowledge that I have read, understand and agree to the 2023-2024 tuition and fee schedules and payment obligations detailed in my tuition statement. In exchange for the admission of my child(ren) in Saint David Catholic School, I hereby agree to pay, as scheduled, the net tuition due.

At the end of each quarter, parents with past due tuition/fees balance will be notified by the school finance office of the past due amount and the minimum payment required. If all financial obligations are not current, the school will:

- Not allow the student to take mid-term/final exams.
- Block the online grade view for both the student and parent.
- Not issue report cards, diplomas and/or transcripts.
- Disenroll the student from the school.

Furthermore, I agree to cooperate with the school in the interpretation and enforcement of the policies outlined in the Parent-Student Handbook. I also understand that the school has the ultimate authority over the administration of the school and the interpretation of the school's rules and policies. The administration reserves the right to terminate a student's enrollment at any time.

Print Parent Name

Parent Signature

Date

Print Parent Name

Parent Signature

Date

AUTHORIZATION TO RELEASE

Parents,

For safety purposes, Saint David Catholic School must have information on anyone other than parents or legal guardians who will be picking up your child from school.

School policy states that we will not release your child to anyone not on the list you submit. To make changes, you must come into the office and do so personally. No changes will be made over the phone.

Regardless of who is picking your child up, they must follow normal pick-up procedures. This also applies to morning drop-off.

Thank you for your cooperation.

Sincerely,

Mrs. Michelle Chimienti
Principal

Please complete:

Family Name: _____

Students:

1 _____ 2 _____

3 _____ 4 _____

Below named are given authorization to dismiss/pick-up my child from Saint David Catholic School:

1 _____ 2 _____

3 _____ 4 _____

5 _____ 6 _____

Parent Signature: _____

Date: _____



SAINT DAVID CATHOLIC SCHOOL – IMMUNIZATION REQUIREMENTS

Dear Parents,

To help prepare us for the **2023-2024** school year, I am notifying you now of the Florida Department of Health **2023-2024** immunization requirements in order to attend school. **Schools in the Archdiocese of Miami DO NOT accept Religious Exemptions.** All vaccination dates should have the month/day/year and must be filled out by the Physician, clinic, or Department of Health and must be signed.

NOTION OF THE EXPIRATION DATE FOR BOOSTERS IS NECESSARY FOR SCHOOL ENTRY.

2022-2023 Vaccine requirements for the State of Florida are:

Each child attending PreK3 through 8th grade **MUST** supply the following documentation to attend school.

Pre-K3 and K4

DTaP 4 doses
IPV 3 or 4 doses
MMR 1 dose
Hepatitis B 3 doses
Varicella 1 dose
Hib 4 doses

Kindergarten through 6th grade

DTaP 4 or 5 doses (final dose must be given after 4th birthday)
IPV 3 to 5 doses
MMR 2 doses
Hepatitis B doses
Varicella 2 doses

7th and 8th grade

DTaP 4-5 doses (final dose must be given after 4th birthday)
Tdap 1 dose
IPV 3-5 doses (final dose after 4th birthday)
MMR 2 doses
Hepatitis B 2-3 doses
Varicella 2 dose (grade 7)
Varicella at least 1 dose by grade 8

IF, for any reason, a student does not have all the required immunizations, we must have the following form on file in order to have the child attend school

- **Temporary Medical Exemption [Form 680 Part B]**

Thank you for your prompt attention to these State of Florida requirements.

God Bless

Mrs. Michelle Chimienti, Principal



HOME LANGUAGE SURVEY

To Be Completed By Parent or Guardian

Student I.D. No. _____

Student Name _____
Last First Middle

Date of Birth ____/____/____ Grade ____ Parent Language _____ Student Language _____
Month Day Year

Date Entered U.S. School : ____/____/____ Ethnic (Check all that apply) Race: White Black Asian
Month Day Year Hispanic ____ (Y/N) American Indian Native Pacific Islander

If the answer is "YES" to any of these questions, the student must be tested for English proficiency.

- 1. Is a language other than English used in the home? Yes No
- 2. Did the student have a first language other than English? Yes No
- 3. Does the student most frequently speak a language other than English? Yes No

School _____ Date _____ Parent/Guardian Signature _____

ENCUESTA SOBRE EL IDIOMA HABLADO EN EL HOGAR

Debe ser completado por el/la padre/madre o tutor/a

No. De I.D. _____

Nombre del Estudiante _____
Apellido Nombre Inicial

Fecha de Nacimiento ____/____/____ Grado ____ Lengua Paterna _____ Idioma del Estudiante _____
Mes Día Año

Fecha de Entrada a la Escuela de los Estados Unidos: ____/____/____ Origen Etnico (Marque todo lo pertinente) Raza: Blanco Negro
Mes Día Año Hispano ____ (S/N) Asiático Indígena de los EEUU Orfundo de las Islas del Pacífico

Si responde "SI" a alguna de estas preguntas, el estudiante debe tomar un examen para saber cual es su conocimiento del Inglés.

- 1. ¿Usan en su casa algún otro idioma que no sea el Inglés? Sí No
- 2. ¿Tuvo el estudiante una lengua materna distinta al Inglés? Sí No
- 3. ¿Habla el estudiante frecuentemente otro idioma que no sea el Inglés? Sí No

Escuela _____ Fecha _____ Firma del Padre/Madre _____

SONDAJ SOU KI LANG TIMOUN NAN PALE

Pou paran oubyen moun ki responsab timoun nan ranpli

No. I.D. Elèv La _____

Non Elèv la _____
Non fanmi Non

Dat Fèt li ____/____/____ Klas ____ Lang paran Yo _____ Lang Elèv La _____
Mwa Jou Ane

Dat ou Antre U.S. Lekòl: ____/____/____ Etnisite (Tcheke tout sa ki aplike) Ras: Blan Nwa Azyatik
Mwa Jou Ane Espayòl ____ (W/N) Amriken Endyen Natif Il Pasifik

Si repons lan se "WI" pou nenpòt nan kesyon anba yo, elèv la dwe pran yon tès Anglè.

- 1. Eske yo sèvi ak yon lang ki pa Anglè lakay li? Wi Non
- 2. Eske elèv la te genyen yon premye lang anvan Anglè? Wi Non
- 3. Eske elèv la abitye pale yon lang ki pa Anglè? Wi Non

Lekòl _____ Dat _____ Siyati Paran _____



Saint David Catholic School

National Blue Ribbon School of Excellence
Accredited by the Florida Catholic Conference



REGISTRATION INFORMATION

Once your child has been accepted, you will need to complete the actual Registration Form and supply the following:

1. Original birth certificate
2. Baptismal certificate
3. KRS DH3040 original – obtained from your child's physician
4. HRS DH680 original – obtained from your child's physician

Your child must be current with physical and immunizations

AGE GUIDELINES FOR PK3 TO 1ST GRADE

- PK3-child must be 3 years old on or before September 1st
- PK4-child must be 4 years old on or before September 1st
- K- child must be 5 years old on or before September 1st
- 1st- child must be 6 years old on or before September 1st

*The only exception is if a child is currently enrolled in an out of state school that adheres to different age requirements.

