



Basilica School of St. Paul

School Motto: "Laus Deo (Praise God)"

Admissions Checklist

Enclosed please find the following forms:

- Application for New Student Application
 - Please fill out completely
- Financial Commitment
- Volunteer Service Hour Covenant
 - Signed and dated
- Developmental Readiness Form (K)
- Student Recommendation Form (1st-8th)
- Any additional information (such as: IEP, 504, Psychological Reports)

Parents/Guardians must provide:

- Copy of birth certificate
- Copy of baptismal certificate (Catholics only)
- Copy of Social Security card
- Copy of most recent/final report card if applicable
- Copy of most recent standardized test results if applicable
- Student physical examination HRS 3040 (original form)
- Florida certification of immunization HRS 680 (original form)
 - Note: Florida law requires that all students entering 7th grade must have received a tetanus booster and have started the Hepatitis B series before entry to the 7th grade.

Age Requirements For Admission (documented by the State of Florida)

- Pre-K 4 applicants **MUST** be 4 years old on or before September 1st.
- Kindergarten applicants **MUST** be 5 years old on or before September 1st.
- 1st grade applicants **MUST** be 6 years old on or before September 1st **and** have successfully completed an accredited Kindergarten program.

For your information:

For the safety and well-being of our students fingerprinting is required by the Diocese of Orlando for anyone who wishes to volunteer in any capacity, participate in classroom activities, and/or attend field trips. This can be done by going online to www.Orlandodiocese.org. Click on fingerprint/Background Screening and follow the prompts to the fingerprinting link.

***Please provide this check-list when submitting the above mentioned forms in order to assist us with verification that all documents have been received.**



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Student Application

Date Submitted: _____

Please complete all areas, if an item does not apply, please mark it with N/A. Your child's registration will be finalized only after the form is complete, approved and accompanied with the non-refundable first month tuition payment.

Please print clearly and complete one form per student.

A. Student Information

FIRST NAME	MIDDLE NAME	LAST NAME	NICKNAME
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HOME ADDRESS	CITY	ZIP CODE
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Current Grade: _____ Applying for Grade _____ Gender: M / F Date of Birth: _____

SSN: _____ U.S. Citizen? [] Yes [] No If No, ID#: _____

Allergies: _____ Medication currently prescribed: _____

Other medical/health info: _____

Please briefly describe any illnesses, diseases, or disabilities that have affected or may affect your child's health, schoolwork, or participation in any athletic and/or academic program _____

Cultural Heritage of Applicant:

[] Asian or Pacific Islander [] African American [] Hispanic American
 [] Caucasian (Anglo) [] Multi-Race [] American Indian [] Alaskan Native

(1) Has your child repeated any grade? _____ No _____ Yes**, If yes, what grade _____

(2) Previous School Name _____ Phone _____

Address _____

(3) Does your child presently have an active IEP (Individualized Education Plan)? Yes _____ No _____

(4) Has your child been tested for any of the following?

Please circle all that apply: Speech & Language / Attention Deficit Disorder / Hyperactivity / Special needs

Other: _____

(5) Which language is primarily spoken at home? _____

*** Note that documentation will be required for any item circled prior to finalizing admission. All information will be kept in strict confidence.**

B. Family Data -Marital status of parents: (check all that apply)

Married Divorced Separated Single Parent
 Mother Deceased Father Deceased Mother Remarried Father Remarried

Child(ren) lives with: **(check one)** Both Parents Mother Father
 Guardian Stepfather Stepmother Other

Who has custody? _____

****If parents are divorced please note that a certified copy of the divorce decree will be required.**

Complete if this information is applicable.

C. Household Information:

INFORMATION ON:	FATHER	MOTHER
Full Name		
Home Address		
Home Phone		
Cell Phone		
Religion		
Registered Parish (Catholic Only)		
Employer		
Occupation/Title		
Work Phone		
Email Address		

Stepparent Information (if applicable):

	STEPFATHER	STEPMOTHER
Full Name		
Home Phone		
Home Address		
Cell Phone		
Employer		
Occupation/Title		
Work Phone		
Email Address		

Other Children in the Family:

Name	Relationship	Date of Birth	Grade	Current School

**D. Religious Information of Applicant
(Catholic Only)**

Are you a member of the Basilica of St. Paul?
Is your child (ren) baptized Catholic?

Yes	No

If no, name of Parish _____
Please include copy of Baptismal Certificate(s)



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Financial Commitment

Date: _____

Please complete all areas with the information of the person who will assume all **financial responsibilities** relating to the enrollment at the Basilica of St. Paul of the listed student(s) which include tuition, as well as any other fees incurred throughout the school year which may include extended day fees, graduation fees and or other charges.

INFORMATION OF FINANCIALLY RESPONSIBLE PARENT/GUARDIAN:

Full Name (Dr./Mr./Mrs.) (please print)

Please check the box of the address where all correspondence should be sent to.

<input type="checkbox"/>	Physical Address	City	State	Zip Code
<input type="checkbox"/>	Mailing Address if different from above	City	State	Zip Code
Home Phone Number		Work Phone Number	Cell Phone Number	

TUITION INFORMATION

PRESCHOOL PROGRAM				
Pre-K4	½ Day Program- *	FREE with State Voucher*	Full Day	\$5000.00
Parents are responsible for remaining balance not covered by the State Voucher for VPK Tuition				
GRADES K - 5 th : \$6,600.00+\$120.00=\$6,720.00		GRADES 6 th - 8 th : \$6,600.00+\$412.00=\$7,012.00		

Name of Student (s) Please Print Name of each student enrolled	Grade Level	Scholarship Programs	Tuition Amount -Per Child/ Per Family Indicate full cost before any deductions. Initial Payment & Scholarship Allocations will be deducted and reflected accordingly in the payment schedule set with FACTS.
1.	<input type="checkbox"/> PreK-4 <input type="checkbox"/> ½ Day <input type="checkbox"/> Full Day <input type="checkbox"/> K-5 th Grade <input type="checkbox"/> 6 th -8 th Grade	<input type="checkbox"/> VPK Voucher <input type="checkbox"/> McKay <input type="checkbox"/> Step Up for Students	\$5,000 X _____ \$6,600 X _____ K-5th Grade Only – Add \$120.00 for Technology Fee Adjusted Total = \$6,720.00 6th – 8th Grade Only - Add \$412.00 for Technology Fee Adjusted Total = \$7,012.00
2.	<input type="checkbox"/> PreK-4 <input type="checkbox"/> ½ Day <input type="checkbox"/> Full Day <input type="checkbox"/> K-5 th Grade <input type="checkbox"/> 6 th -8 th Grade	<input type="checkbox"/> VPK Voucher <input type="checkbox"/> McKay <input type="checkbox"/> Step Up for Students	\$5,000 X _____ \$6,600 X _____ K-5th Grade Only – Add \$120.00 for Technology Fee Adjusted Total = \$6,720.00 6th – 8th Grade Only - Add \$412.00 for Technology Fee Adjusted Total = \$7,012.00
3.	<input type="checkbox"/> PreK-4 <input type="checkbox"/> ½ Day <input type="checkbox"/> Full Day <input type="checkbox"/> K-5 th Grade <input type="checkbox"/> 6 th -8 th Grade	<input type="checkbox"/> VPK Voucher <input type="checkbox"/> McKay <input type="checkbox"/> Step Up for Students	\$5,000 X _____ \$6,600 X _____ K-5th Grade Only – Add \$120.00 for Technology Fee Adjusted Total = \$6,720.00 6th – 8th Grade Only - Add \$412.00 for Technology Fee Adjusted Total = \$7,012.00
4.	<input type="checkbox"/> PreK-4 <input type="checkbox"/> ½ Day <input type="checkbox"/> Full Day <input type="checkbox"/> K-5 th Grade <input type="checkbox"/> 6 th -8 th Grade	<input type="checkbox"/> VPK Voucher <input type="checkbox"/> McKay <input type="checkbox"/> Step Up for Students	\$5,000 X _____ \$6,600 X _____ K-5th Grade Only – Add \$120.00 for Technology Fee Adjusted Total = \$6,720.00 6th – 8th Grade Only - Add \$412.00 for Technology Fee Adjusted Total = \$7,012.00
Total Tuition =			

PAYMENT OPTIONS: Please indicate your TUITION payment choice:

<input type="checkbox"/> Option A	11 Tuition payments beginning in July and ending in May Set up with FACTS a fast automatic cash transfer system.
<input type="checkbox"/> Option B	Tuition paid in full at the time of registration or by August 1st directly to the Basilica School of St. Paul. A 3% DISCOUNT WILL APPLY

*****Currently, the actual cost for educating one student is: \$8,470.00 this exceeds the tuition quoted in this financial commitment sheet. Therefore, we request that all parents receiving scholarship funds perform 20 hours of Volunteer Service throughout the school year to help offset this deficit.*****

Parents/Guardians understand and agree to the following:

- The first months tuition is nonrefundable once remitted as it secures the child's space and the purchase of materials.
- Scholarship funds are available through Step Up for Students, McKay and the FACTS financial aid program. If a family is not eligible for a Step Up or McKay scholarship, they may apply for scholarship funding through the FACTS financial aid program. Please note that FACTS has two programs, one is for automatic cash transfer to pay tuition and the other is to apply for financial aid.
- Assume full responsibility for any fees incurred over and above the tuition and or scholarship payments.
- Fees will be prorated for late enrollments and or early dismissals.
- Signature indicates acceptance and obligation to the tuition amount noted. Late fees will be assessed when payments are not made on time and a \$25.00 dollar fee will be assessed for any returned check.
- Assume full responsibility for processing scholarships to guarantee tuition payments to the school.
- **Signing of Step Up and McKay Scholarship checks on a timely basis upon notification from the school.**
- In the event financial obligations are not met **all student records will be retained and online grade access will cease** until the financial obligation is fulfilled. This is a binding financial responsibility and the financially responsible party promises in good faith to fulfill all financial responsibilities for the services provided to my student(s) by the Basilica School of St. Paul.

Signature of "person responsible" for payment of tuition

Printed Name of "person responsible" for payment of tuition

Date

NOTES/COMMENTS:

Office use only

Date Application Fee Received _____ Amount Paid _____ Check No. _____ Bookkeeper _____



Basilica School of St. Paul
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Volunteer Service Hour Covenant

Our school community distinguishes itself for the outstanding support that our parents provide to our school sponsored activities. Parental support provides for wonderful activities to take place and for outstanding participation of our students in such activities. We encourage and promote parental involvement in our school. **All parents must follow the Diocese of Orlando background and fingerprinting process prior to interacting or volunteering with students.**

As a volunteer at The Basilica School of St. Paul, I hereby agree to abide by and adhere to all of the following guidelines, as conditions of my involvement with the school:

- As a parent or guardian of a student registered at the Basilica School of St. Paul, I understand that I am responsible to share my time and talents with the school community.
- **I understand that I am called forth to volunteer a minimum of 20 hours of service to the school community, during this school year. The service can be fulfilled by my active participation in any school event or any event that is a combined school and church activity. These hours may also be obtained through various volunteer positions available at the school.**
- **I realize that I am responsible for logging these volunteer hours in the School Office.**
- I am aware of the utmost serious nature and responsibility associated with my involvement in the school. This attitude will guide all of my activities and interactions with the students, faculty and staff.
- I will not discuss with anyone occurrences which may take place in the classroom or on school grounds. I will protect the integrity of each child and teacher by upholding confidentiality at all times.
- All of my interactions with the students/class will only occur at the specific request of and guidance by the classroom teacher.
- I will not initiate any activities without the prior consent and approval of the classroom teacher or administrator.
- My activities and interactions will not disrupt or hinder the instruction process in any way, but instead must always be supportive and conducive to the learning environment.
- I will never engage in discussions or dialog of a personal nature while in the classroom, or anywhere on the school grounds.
- I will arrive on time to perform my volunteer duties and will leave the school grounds upon completion of my duties.
- I agree that if I deviate from these guidelines, as pointed out by school officials, I will forfeit my privileges as a volunteer and I will no longer be allowed to volunteer under this program for the remainder of the school year.
- I understand that it is only through the strict adherence to these guidelines, which govern my interactions with the students, faculty and staff, that the privilege of assisting as a volunteer is extended.

As a parent or guardian of a student registered at BSSP, I understand that I am responsible to share my time and talent with the school community volunteering and/or participating on the following activities:

- ✓ International Festival (October)
- ✓ Christmas Bazaar (December)
- ✓ Spaghetti Dinner & Auction (February/March)
- ✓ Golf Tournament (March)
- ✓ Raffle Tickets
- ✓ Book Fair
- ✓ Any other activities throughout the school year.

I understand that by completing and signing this contract, I assume the obligation to meet the criteria for my child(ren) to attend The Basilica School of St. Paul.

Parent/Guardian Name

Parent/Guardian Signature

Date

Phone Number

E-Mail

Address



Basilica School of St. Paul

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Incoming Student Recommendation Form Grades 1st – 8th

Parent should have form completed by student's current school and returned directly to the Basilica School of St. Paul

I give my permission for this form to be completed and returned to the **Basilica School of St. Paul**.

(Authorizing Signature of Parent/Guardian)

Name of Student

Current Grade

School Currently Attending

The student named above has applied for admission into the _____ grade at the Basilica School of St. Paul in Daytona Beach. Your help is requested in supplying as much of the information below as possible so that we can better meet the needs of this student.

Does student have a satisfactory attendance record? Yes No

If your school is private, are financial responsibilities met on time? Yes _____ No _____ Not Applicable _____

Please grade the following areas with a checkmark	Excellent	Good	Average	Poor
General Attitude				
Effort				
Cooperation				
Relationship with Teacher				
Relationship with Peers				
Study Habits				

Please grade the following areas by:

1. Outstanding progress 2. Satisfactory progress 3. Below average progress 4. Failed to make needed progress

Reading _____ Math _____ Social Studies _____ Language Arts _____ Science _____

Has it ever been recommended that the student be tested for:

Was testing completed?

Gifted program	Yes	No	Yes	No
ADHD	Yes	No	Yes	No
Learning disabilities	Yes	No	Yes	No
Speech/language program	Yes	No	Yes	No
Other _____	Yes	No	Yes	No

Student & Family Information:

1. Please describe any disabilities, i.e., physical, emotional, mental, speech/language, or family situations which may affect this student's progress.

2. Please comment on classroom conduct and discipline: _____

3. Are the candidate's parents cooperative / supportive? _____

Thank you for the time and effort you have taken in completing this evaluation. Your recommendations do have bearing on our decisions.

Signature of person completing report

Title

Telephone

Signature of Principal or Supervisor

Date



Basílica School of St. Paul

School Motto: "Laus Deo (Praise God)"

317 Mullally St * Daytona Beach, FL 32114 * Phone (386) 252-7915
Fax (386) 238-7903 * Website www.stpauldaytonabeach.org*

KINDERGARTEN DEVELOPMENTAL READINESS EVALUATION

Parents ask your child's pre-school teacher to complete and attach to your kindergarten application. The form may be faxed and or mailed.

Name of Parent Authorizing release of information (please print)

Signature of parent

Date

Pre-School Currently Attending

Teacher's Name

Teacher Signature

The student named above has applied for admission into Kindergarten at the Basílica School of St. Paul in Daytona Beach for the academic year 2018-2019.

To: Pre-School Teacher

(S)=Satisfactory (P)=Progress Being Made (N)= Needs Improvement

To the teacher: Please place a checkmark in the box under the category that best describes the child's development.

Does student have a satisfactory attendance record? Yes No

Primary Language Spoken _____

In your professional opinion, do you feel that this child will be successful in kindergarten? Please explain.

Have you discussed this child's developmental level with his or her parents? _____

Task	S	P	N
Listens and pays attention for short periods of time.			
Follow simple direction.			
Shares and takes turns.			
Accepts some responsibility for actions.			
Is able to remember and obey simple classroom rules.			
Expresses feelings appropriately.			
Sits and listens to short stories.			
Completes assigned tasks.			
Exhibits appropriate gluing and cutting skills.			

Thank you for taking the time to complete this evaluation.

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: _____
Month Day Year

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 must 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: _____
Mes Día Año

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? SI No
2. ¿Tuvo el estudiante una lengua materna distinta al Inglés? SI No
3. ¿Habla el estudiante frecuentemente otro idioma que no sea el Inglés? SI 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 An

Dat ou Antre U.S. Lekòl: _____
Mwa Jou An

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

1. Eske yo eòvl 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 _____ Siyall Paren _____