

## NEW STUDENT APPLICATION GENERAL INFORMATION & REQUIREMENTS

Dear Applicant,

The following information details general information regarding dates, criteria for acceptance, and significant participation requirements once accepted.

Please read this, and all information provided, carefully. Further detailed information will be covered at New Parent Orientation once acceptance has been granted.

### **ADMISSION / ACCEPTANCE into the St. Didacus School community is based on a two-fold process:**

#### **A. STUDENT**

- 1) Successful completion of screening / interview (new students only, preschool through grade 8).
- 2) Behavioral & academic patterns of the previous year (new students, a letter of recommendation, most recent report card & state test scores required).
- 3) Willingness to comply with / conform to school standards & regulations.
- 4) Ability to thrive & perform in a Catholic environment which fosters the gospel message, a sense of community, & devotion to service, school, parish, family & self.
- 5) Sibling preference will be taken into consideration whenever possible.
- 6) In order for your child / children to begin school in a timely manner on the first day, all required **Immunization, Sacramental, and Emergency Information** must be complete, accurate, and turned in to the school office by the stated due date prior to the first day of school. ***Under no circumstances will students with missing or incomplete required paper work be permitted in to the classroom on the first day of school.***

PLEASE NOTE: It is not general policy to grant admission to students who have not completed New Student Registration procedures in the spring unless the student is transferring from another Catholic school.

#### **B. PARENT**

- 1) Registered in the parish and practicing their faith to the best of their ability. A major source of income for the parish school comes from the subsidy provided by the income from Sunday envelope use. While the use of Sunday envelopes provides a record of contributions, more importantly, it shows a record of Mass attendance. The amount of money placed in the Sunday envelope is not the issue, making certain that our school families support the philosophy and purpose of sending their children to catholic school is demonstrated in a powerful message to their children and our Parish Community, by attendance at Sunday Mass. Failure to attend Mass on a regular basis WILL result in a higher rate of tuition for failing to support the philosophy and financial well being of the parish school. Compliance and rate of tuition will be determined prior to final acceptance. All families assigned a higher rate of tuition, will be assigned that rate after consultation and determination by the Pastor, Principal and Business Office.
- 2) Support of all sacramental programs (i.e. all required sacramental meetings, etc.).
- 3) Agreement to make tuition payments on the 1st, no later than the 15th, of each month. Payments made after the 15<sup>th</sup> are subject to a \$25.00 late fee.
- 4) Willingness to support the church, school, and its administration / faculty in their ministry of instilling Catholic values of religious, intellectual, psychological, sociological, physical and cultural goals as stated in the philosophy of St. Didacus School.
- 5) Support of ALL School, Parent Organization (mandatory / or not), and Parish events and activities when called upon to the best of their ability / availability.
- 6) Agreement to read & comply with the parent / student handbook, and to return the signed compliance form when received, as requested.

PLEASE NOTE: Under no circumstances will registration fees be refunded after acceptance has been granted. Final acceptance in all instances is determined by the pastor. This elementary school admits students of any race, color, or racial or ethnic origin to all the rights, privileges, programs, & activities generally accorded or made available to students of the school. The school does not discriminate on the basis of race, color, racial or ethnic origin, administration of its education policies, admission policies, scholarship & loan programs, and athletic and other school administered programs. This elementary school does not discriminate against any applicant or employee because of sex in admissions, educational programs & activities. In keeping with the policy of affordable Catholic education, families facing a legitimate financial hardship should request an appointment with the principal. Forms for financial aid from the Archdiocesan Department of Education are available in February of the preceding school year.

**REGISTRATION FEE DUE UPON ACCEPTANCE:**

- 1 student family - \$500.00
- 2 student family - \$700.00
- 3 student family - \$850.00
- 4 student family - \$900.00

**TUITION** - Payments are made in 10 installments, beginning in September and concluding in June. Those families wishing to make payment for the full year in advance will be granted a 5% discount if paid by 6/18/10.

**2010-2011 TUITION RATES**

- 1 student tuition & drawing tickets = **\$362.00 / mo.**; \$3,620.00 / yr.
- 2 students tuition & drawing tickets = **\$542.00 / mo.**; \$5,420.00 / yr.
- 3 or more students tuition & drawing tickets = **\$644.00 / mo.**; \$6,440.00 / yr.

**\$500-A-MONTH CLUB** - Each family is responsible for two \$10.00 books of \$500-A-Month Drawing tickets with each tuition payment, September through June.

**SERVICE HOURS** - Every school family is required to perform 25 hours of service per school year. The buy out is \$325.00, if paid in advance. Hours not completed by 5/31/11 will be assessed \$25.00 per hour. Hours must assist directly in school operation or maintenance.

**REQUIRED PARENT PARTICIPATION** - The following activities are required and do not apply toward service hour credit:

- 1) Participation & support (financially and / or attendance, as indicated) of major fund raisers (i.e. Candy Sale, Gift Wrap Sale, Parent Board Fundraiser, etc., subject to change, not to exceed 4 major fund raisers each school year). Please note that families will be assessed in the event of non-participation the average amount brought in.
- 2) Parent Meetings (General Parent Meetings / Parent Conferences).
- 3) Back to School Night.
- 4) Open House.
- 5) All school families are required to participate in & support the SCRIP PROGRAM; each family is responsible for purchasing \$1,500.00 of Scrip per year, June through May. Each family is responsible for keeping track of purchase amounts, and will receive statements of their purchases to date in Sept., Dec., March & May. Families not meeting the minimum requirement will be assessed. (Scrip requirement is subject to change.)  
(The school administration reserves the right to refuse re-acceptance to families not in compliance with the above mentioned parent participation requirements.)

**YARD DUTY / MANDATORY** - Every family is responsible for one consecutive week of lunch time yard supervision. Upon acceptance, families will be required to sign up for a specific week; families not wishing to perform their yard duty must pay a \$100.00 waiver fee in advance. The deadline for yard duty sign-up or waiver fee is 5/04/10 (at the New Parent Orientation). The one week of consecutive yard duty does NOT apply to service hour credit.

**NEW PARENT ORIENTATION** - Those families newly accepted to St. Didacus School MUST attend the New Parent Orientation on 5/04/10 at 6:00 p.m. in the Parish Hall.

**UNIFORM** items available only from:

**Crown School Uniforms  
3800 Burbank Blvd.  
Burbank, CA 91505  
(818) 845-8400**

Family # \_\_\_\_\_

**2010-2011 REGISTRATION FORM**

STUDENT NAME(S) \_\_\_\_\_ GRADE (SEPT. '10) \_\_\_\_\_  
\_\_\_\_\_ GRADE (SEPT. '10) \_\_\_\_\_  
\_\_\_\_\_ GRADE (SEPT. '10) \_\_\_\_\_

I HAVE READ THE ENTIRE REGISTRATION AGREEMENT FOR ST. DIDACUS SCHOOL AND AGREE TO COMPLY WITH STATED REQUIREMENTS. I UNDERSTAND THAT NON-COMPLIANCE IN ANY AREA COULD, AND PROBABLY WILL, RESULT IN MY CHILD / CHILDREN BEING ASKED TO WITHDRAW FROM ST. DIDACUS SCHOOL.

FAMILY NAME \_\_\_\_\_ PHONE \_\_\_\_\_  
(Last Name) (Parent first names)

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_  
\_\_\_\_\_ PARENT/GUARDIAN SIGNATURE

PAYMENT PLAN SELECTED: \_\_\_\_\_ 10 month plan (Sept. - June)  
or  
\_\_\_\_\_ School Year in Advance (by 6/18/10)

**FOR OFFICE USE ONLY:  
Documents Received / Fees Collected**

St. Didacus Parish Envelope # \_\_\_\_\_

- \_\_\_\_\_ Baptism Certificate
- \_\_\_\_\_ Communion Certificate
- \_\_\_\_\_ Immunization Records
- \_\_\_\_\_ Report Card from school currently attending
- \_\_\_\_\_ Current Standardized Testing Results

|                           |                  |      |      |    |           |
|---------------------------|------------------|------|------|----|-----------|
| Application Fee (\$25.00) | \$               | CK # | Cash | CC | Date Pd.: |
| Registration              | \$               | CK # | Cash | CC | Date Pd.: |
| Mega Ticket (\$100.00)    | \$               | CK # | Cash | CC | Date Pd.: |
| PAB Fee (\$50.00)         | \$               | CK # | Cash | CC | Date Pd.: |
|                           | <b>or Waiver</b> |      |      |    |           |
| Yard Duty Date            | \$100.00         | CK # | Cash | CC | Date Pd.: |

\_\_\_\_\_ Accepted \_\_\_\_\_ Not Accepted \_\_\_\_\_ Accept. Letter Sent

**STUDENT REGISTRATION FORM - ST. DIDACUS SCHOOL**

**TODAY'S DATE:** \_\_\_/\_\_\_/\_\_\_ **APPLICATION FOR GRADE** \_\_\_\_\_

|                          |                   |                    |            |                  |                   |
|--------------------------|-------------------|--------------------|------------|------------------|-------------------|
| <b>Student Last Name</b> | <b>First Name</b> | <b>Middle Name</b> | <b>Sex</b> | <b>Birthdate</b> | <b>Birthplace</b> |
|--------------------------|-------------------|--------------------|------------|------------------|-------------------|

|                                    |             |                 |                  |
|------------------------------------|-------------|-----------------|------------------|
| <b>Home Address</b>                | <b>City</b> | <b>Zip Code</b> | <b>Telephone</b> |
| <b>Father's Employer / Address</b> | <b>City</b> | <b>Zip Code</b> | <b>Telephone</b> |
| <b>Mother's Employer / Address</b> | <b>City</b> | <b>Zip Code</b> | <b>Telephone</b> |

**FAMILY INFORMATION**

|                            |               |             |                   |                 |                   |                       |                 |
|----------------------------|---------------|-------------|-------------------|-----------------|-------------------|-----------------------|-----------------|
| <b>Father's First Name</b> | <b>Middle</b> | <b>Last</b> | <b>Birthplace</b> | <b>Religion</b> | <b>Occupation</b> | <b>Marital Status</b> | <b>Deceased</b> |
| <b>Mother's First Name</b> | <b>Maiden</b> | <b>Last</b> | <b>Birthplace</b> | <b>Religion</b> | <b>Occupation</b> | <b>Marital Status</b> | <b>Deceased</b> |

**ENROLLMENT INFORMATION**

|                                     |              |                |                           |
|-------------------------------------|--------------|----------------|---------------------------|
| <b>Name of Last School Attended</b> | <b>Grade</b> | <b>Address</b> | <b>City / State / Zip</b> |
|-------------------------------------|--------------|----------------|---------------------------|

**SACRAMENTAL INFORMATION**

|                          |               |             |              |                     |
|--------------------------|---------------|-------------|--------------|---------------------|
| <b>Baptism Date</b>      | <b>Church</b> | <b>City</b> | <b>State</b> | <b>Verification</b> |
| <b>Communion Date</b>    | <b>Church</b> | <b>City</b> | <b>State</b> | <b>Verification</b> |
| <b>Confirmation Date</b> | <b>Church</b> | <b>City</b> | <b>State</b> | <b>Verification</b> |

**PARENT QUESTIONNAIRE (Compete for Kindergarten Students ONLY)**

Date \_\_\_\_\_

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex M F

Does your child attend school now? \_\_\_\_\_ If so, where \_\_\_\_\_

Family  
Who is filling out this questionnaire? Father \_\_\_\_\_ Mother \_\_\_\_\_ Other \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Education \_\_\_\_\_  
Occupation \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Education \_\_\_\_\_  
Occupation \_\_\_\_\_

Ages / names of child's brothers \_\_\_\_\_

Ages / names of child's sisters \_\_\_\_\_

Language(s) other than English regularly spoken at home \_\_\_\_\_

Do any of your children have difficulty in school? If yes, please give:

| <i>Child's Name</i> | <i>Age</i> | <i>Difficulty</i> |
|---------------------|------------|-------------------|
| _____               | _____      | _____             |
| _____               | _____      | _____             |
| _____               | _____      | _____             |

**SCHOOL HISTORY (Include preschool, day care, nursery school, Head start, etc.)**

Has your child attended school before?  YES  NO

If yes, name of school(s) \_\_\_\_\_

Dates of attendance: from \_\_\_\_\_ to \_\_\_\_\_

Number of days per week:  1 day  2 days  3 days  4 days  5 days

May we contact the school(s)?  YES  NO

| <i>Birth</i>   | YES                      | NO                       |
|--|--------------------------|--------------------------|
| a. Was you child premature?  | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Baby's birth weight _____   |                          |                          |
| c. Was oxygen required for the baby?   | <input type="checkbox"/> | <input type="checkbox"/> |
| d. Did the baby cry immediately when born?   | <input type="checkbox"/> | <input type="checkbox"/> |
| e. During hospital stay, did the baby have yellow jaundice, rash, blue spells, or convulsions? | <input type="checkbox"/> | <input type="checkbox"/> |
| f. Did the baby stay longer than the mother in the hospital?                                   | <input type="checkbox"/> | <input type="checkbox"/> |
| g. Did the baby have difficulty with sucking or crying when first brought to the mother?       | <input type="checkbox"/> | <input type="checkbox"/> |

**Childhood Diseases**

a. Has your child had.....

|             |     |    |                |     |    |                 |     |    |
|-------------|-----|----|----------------|-----|----|-----------------|-----|----|
| Measles     | YES | NO | German measles | YES | NO | rheumatic fever | YES | NO |
| mumps       | YES | NO | whooping cough | YES | NO | roseola         | YES | NO |
| chicken pox | YES | NO | scarlet fever  | YES | NO | polio           | YES | NO |

b. Does your child have any of the following allergies?

|           |     |    |          |     |    |             |     |    |
|-----------|-----|----|----------|-----|----|-------------|-----|----|
| asthma    | YES | NO | eczema   | YES | NO | reaction to |     |    |
| hay fever | YES | NO | wheezing | YES | NO | penicillin  | YES | NO |
| hives     | YES | NO | rashes   | YES | NO |             |     |    |

c. Has your child ever stayed in a hospital overnight?

*Dates*

*Reason*

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**FAMILY HISTORY**

- a. Do any family members have long-term illnesses or birth defects?  
If so, what? \_\_\_\_\_
- b. Do any other illnesses run in the blood-related family?  
If so, what? \_\_\_\_\_

YES                      NO

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

**CHILD'S HEALTH**

The following questions pertain to your child at any time since birth.

*Eyes*

- Has your child ever had any trouble seeing?  YES       NO
- Have your child's eyes ever looked crossed?  YES       NO

*Ears*

- Has your child ever had frequent ear infections?  YES       NO
- Has your child had any trouble hearing?  YES       NO

*Nose*

- Has your child had frequent nose bleeds?  YES       NO
- Does your child sneeze frequently or rub his / her nose a lot?  YES       NO

*Throat*

- Has your child had any trouble swallowing?  YES       NO
- Has your child had frequent sore throats or strep throat?  YES       NO

*Heart*

- Has a heart murmur ever been heard on your child?  YES       NO
- Has your child ever had a "blue spell" or swollen ankles or joints?  YES       NO

| <i>Lungs</i>                                      | YES                      | NO                       |
|---|--------------------------|--------------------------|
| Has your child ever had pneumonia?                | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child ever had tuberculosis?             | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child ever been exposed to tuberculosis? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child ever coughed up blood?             | <input type="checkbox"/> | <input type="checkbox"/> |

| <i>Urinary Tract</i>                  |                          |                          |
|---------------------------------------|--------------------------|--------------------------|
| Does your child wet the bed at night? | <input type="checkbox"/> | <input type="checkbox"/> |

| <i>Extremities</i>  |                          |                          |
|---|--------------------------|--------------------------|
| Has your child ever worn arm or leg braces or corrective shoes?       | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child ever had weakness, limp, or paralysis of arms or legs? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child ever broke a bone?                                     | <input type="checkbox"/> | <input type="checkbox"/> |

| <i>Neurological</i>                                  |                          |                          |
|--|--------------------------|--------------------------|
| Has your child ever had fainting or blackout spells? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child ever had frequent headaches?          | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child ever had dizzy spells?                | <input type="checkbox"/> | <input type="checkbox"/> |
| Has your child ever had fits or convulsions?         | <input type="checkbox"/> | <input type="checkbox"/> |

At about what age did your child first .....

sit alone? \_\_\_\_\_ say single words? \_\_\_\_\_

walk? \_\_\_\_\_ say sentences? \_\_\_\_\_

become toilet trained? \_\_\_\_\_

| CHILD'S DEVELOPMENT                                    | YES                      | NO                       | DON'T KNOW               |
|--|--------------------------|--------------------------|--------------------------|
| 1. Can your child .....                                |                          |                          |                          |
| a. use a spoon and fork to eat without spilling a lot? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. wash and dry his / her own hands?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c. dress himself or herself?                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| d. do buttons?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. be left alone with a babysitter without a big fuss? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Does your child have .....                          |                          |                          |                          |
| a. problems with eating?                               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b. problems with sleeping?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Does your child soil his / her pants?               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

|     |  | YES                      | NO                       | DON'T KNOW               |
|-----|--|--------------------------|--------------------------|--------------------------|
| 4.  | Does your child .....  |                          |                          |                          |
|     | a. play successfully with puzzles, blocks, and other construction toys without help? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | b. hold a pencil properly?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | c. write and draw rather than scribble?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | d. prefer right hand?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | left hand?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | both?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.  | Can your child .....   |                          |                          |                          |
|     | a. ride a tricycle?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | b. throw and catch a ball?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.  | Does your child .....  |                          |                          |                          |
|     | a. have many accidents?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | b. drop things more often than other children the same age?                          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | c. trip easily?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | d. run into things?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | e. have trouble with stairs?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.  | Is your child .....  |                          |                          |                          |
|     | a. highly active?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | b. very quiet?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | c. generally a happy child?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8.  | Does your child .....  |                          |                          |                          |
|     | a. cry easily?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | b. often have temper tantrums?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 9.  | Does your child .....  |                          |                          |                          |
|     | a. usually follow directions?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | b. have a very short attention span?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. | Is your child .....  |                          |                          |                          |
|     | a. able to say most sounds correctly?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | b. afraid to speak?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|     | c. understandable to a stranger?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. | Did your child speak later than other children you know?                             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. | Does your child often repeat sounds or words (stutter or stammer)?                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

