

St. Francis Seraph School



"A Beacon of Light in Over the Rhine"

February 2024,

Dear Parent/Guardian,

This registration packet contains the necessary forms to continue your child's enrollment at St. Francis Seraph School for the 2024-2025 school year. Please take a few minutes to read through these documents and carefully review our CISE Parent Pledge. This Document will help you determine whether your education philosophy and requirements can be satisfied at St. Francis Seraph School.

Complete all forms along with your deposit in the amount of \$40.00 and submit them to Mrs. Burke in the main office by August 1st. It is VERY IMPORTANT that the registration packet, edchoice scholarship, proof of address and fee are RETURNED. Registration will be first come, first served basis. Your child will not be guaranteed a spot for the 2024-2025 school year as registration will be open to all.

*****If you submit your registration packet by February 29th the \$40.00 fee will be waived. *****

Thank you for your interest in enrolling your child(ren) at St. Francis Seraph School. St Francis Seraph School is an excellent choice for parents in the inner city of Cincinnati, offering a well-rounded faith-based kindergarten to grade eight educational programs in an attractive and functional center-based learning environment.

Sincerely,

Joe Clements
Principal

**St. Francis Seraph School
Registration Checklist
2024-2025**

☐ \$40.00 REGISTRATION FEE

The registration fee is per family.

- Cash
- Check
- Money Order

☐ PROOF OF ADDRESS

The proof of address needs to be dated within 60 days.

- Electric and Gas Bill
- Water Bill
- Rental Lease
- Internet Bill
- Cable Bill
- Landline Phone Bill

☐ BIRTH CERTIFICATE

☐ SHOT RECORDS

☐ COMPLETED FORMS

All forms must be signed and dated.

- Registration Packet
- Edchoice Application
- Records Release

**St. Francis Seraph School
Registration Packet
2024-2025**

Student Information

Last Name	First Name	Sex (f/m)	Race	Birthdate (mm/dd/yyyy)	Grade Level Going into

Contact Information Address Changed ☐ Yes ☐ No (If yes, please update below)

Mother/Guardian Name: _____

Home Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Mobile Number: _____ Work Number: _____

Email Address: _____
Required

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

Religious Affiliation

Catholic: ☐ Yes ☐ No

Other: _____

Father/Guardian Name: _____ ☐ Same address as above

Home Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Mobile Number: _____ Work Number: _____

Email Address: _____
Required

Marital Status: ___ Single ___ Married ___ Separated ___ Divorced ___ Widowed

Religious Affiliation

Catholic: ☐ Yes ☐ No

Other: _____

Custody

Is there a court order regarding the child(ren) listed above? ☐ Yes ☐ No (If so, please provide custodial paperwork to the office)

Who has legal custody? _____ Relationship to child(ren): _____

St. Francis Seraph School
New Student Registration Form
2024-2025

Former School

What schools have your child(ren) attended?

1. _____ 2. _____ 3. _____

Student Information

Was your child(ren) ever retained? ☐ Yes ☐ No (If yes, please list their name and the grade they were retained in)

Student Name	Grade Level (retained in)	Why were they retained

Special Education

Does your child(ren) have a current IEP/Service Plan? ☐ Yes ☐ No (If yes, we need documentation prior to acceptance)

Was your child(ren) tested for special education services? ☐ Yes ☐ No (If yes, please list below)

Student Name	Date of Testing (mm/yyyy)	What was recommended

Outside Services

Counseling, Ham. Co Job & Family Services, juvenile court, etc.

Student Name	Agency	Services Received

*****Please provide documentation for special education and outside services to the office*****

CISE Parent Pledge



As the parent of the CISE student(s) listed below:

☐ I understand that enrolling my child in this school is a choice. I acknowledge that what makes this school different from a public school is that the gospel is the foundation upon which all instruction takes place. Children will learn about, serve and honor God in this school.

☐ I understand that a Catholic Education is a financial sacrifice. All families contribute to their children's education.

☐ I understand that my child's enrollment in the school depends upon the following:

1. I will participate in the spiritual development of my child
2. I will become aware of the behavioral expectations of the school by reading the handbook and make sure my child respects the rules.
3. I will support my child's academic growth by checking for assignments and teacher communication. I will read with my child regularly.
4. I will make sure my child is on time and in school each day.
5. I will make my agreed upon fees and tuition payments on time. I will call the school immediately if there is a real financial emergency.
6. Should I have trouble meeting any of the above expectations, I will contact the principal immediately to set up a time to respectfully discuss and build a plan for addressing the problem.

Name(s) of child or children

_____	_____
_____	_____
_____	_____

Pledge will be renewed and signed prior to the start of each school year.

Parent/Guardian Signature: _____ Date: _____

St. Francis Seraph School

Student Release Forms

2024-2025

HANDBOOK RECEIPT

I have received a copy of the 2024-2025 St. Francis Seraph School Parent and Student Handbook. I will cooperate with the school by complying with these guidelines and by expecting my child to comply with these guidelines.

Parent/Guardian Signature: _____ Date: _____

MEDIA RELEASE

Throughout the school year, St. Francis Seraph School will be involved in various media releases regarding student achievement, school events, public relations campaigns, fundraisers, publications of our Partners-in Education, etc. Your signature indicates your consent for your children's photograph or participation in video/audio production to be included in press releases and /or media productions.

Parent/Guardian Signature: _____ Date: _____

INTERNET USAGE PARENTAL PERMISSION

I have read the terms and conditions of the Internet Acceptable Use Policy and give permission for my child to access the internet in accordance with the provisions of the policy.

Parent/Guardian Signature: _____ Date: _____

STUDENT SERVICES-MENTORING/TUTORING SERVICES RELEASE

The school psychologist, social worker, nurse and other professionals may hold individual and/or group counseling sessions for our students. Your signature indicates your permission for your child to be involved in guidance services/activities as deemed necessary by St. Francis School Staff.

Volunteer mentors or tutors may assist your child during the school day. Assistance may be provided one-on-one or in small group settings within the offices, classroom, cafeteria, auditorium, hallways, library, HOSTS area or any other areas within the school premises. Your signature indicates your permission for your child to receive mentoring or tutoring services during the school day as deemed necessary by the St. Francis Seraph School Staff.

Parent/Guardian Signature: _____ Date: _____

WALKING TO/FROM ST. FRANCIS SERAPH CHURCH PERMISSION

During the school year all students will walk across the street to participate in activities at St. Francis Seraph Church. This may include, but limited to, weekly prayer service, special events/programs, holiday service, graduation practice, ECT. Students will be escorted to/from church by members of St. Francis Seraph School Staff.

By signing this form, you understand that the students will walk to/from St. Francis Seraph Church with the members of the St. Francis Seraph School Staff. In consideration of the child being allowed to participate in the activities at the church, you hereby assume all risk in connection with the child walking to/from St. Francis Seraph Church, and you further release the Archdiocese of Cincinnati, St. Francis Seraph Church, St. Francis Seraph School and St. Francis Seraph School Staff and volunteers from all claims, judgments, liabilities for any injury or damage due to the child's participation in these activities, including all risks connected therewith, whether foreseen or unforeseen.

Parent/Guardian Signature: _____ Date: _____

St. Francis Seraph School

Income Form

2024-2025

Income is any money that you and the people in your household receive from work, child support, disability, SSI, Food Stamps, OWF etc. List GROSS income for the number of people listed in the household and how often it is received.

Example: \$100/monthly/weekly/bi-weekly

List # of people in household	Earnings from Work (monthly/weekly/bi)	Food Stamps, OWF	Pensions, SSI Retirement	Child Support, All Other	Total Annual Income
	\$	\$	\$	\$	\$

List all household expenses and how often it occurs monthly, weekly, bi-weekly. If it is not applicable leave it blank.

Rent/Mortgage	\$	Car Payment	\$
Electric/Gas	\$	Insurance	\$
Water	\$	Gasoline	\$
Landline	\$	Food/Groceries	\$
Cable/Internet	\$	Transportation	\$
Cell Phone	\$	Other	\$
Child Care	\$	Other	\$

Total all of the household expenses listed above.

Monthly Total	\$	Annual Total	\$
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☐ I declare that the information on this form is true, correct and complete to the best of my knowledge.

☐ I agree to provide documents to verify the information listed if requested.

St. Francis Seraph School Financial Agreement Form 2024-2025

Number of child(ren) planning to attend SFS: _____

Edchoice Voucher

The Educational Choice Scholarship Program provides students from designated public schools the opportunity to attend participating private schools. The program also provides low-income students who are entering kindergarten through 12th grade scholarship opportunities.

Do you plan on applying for Edchoice vouchers for the 2024-2025 school year? ☐ Yes ☐ No

If you plan to apply you are required to provide a proof of address.

☐ I agree to provide a proof of address and birth certificate to St. Francis Seraph. If you do not provide the proper paperwork you will be required to pay tuition. I acknowledge the terms of this agreement for my child(ren) to attend St. Francis Seraph School.

Tuition per student is \$7,000.00.

If your child does not qualify for Edchoice you will be required to pay tuition.

9 monthly installments of \$50.00 dollars (per child) from September 2024-May 2025.

☐ I agree to the above payments and acknowledge the terms of this agreement for my child(ren) to attend St. Francis Seraph School for the 2023-2024 school year.

Payment Schedule

Month	Payment Due	Late Fee Applied	Month	Payment Due	Late Fee Applied
September 2024	Mon. 2nd	Mon. 9th	January 2025	Wed. 1st	Wed. 8th
October 2024	Tues. 1st	Tues. 8th	February 2025	Tues. 3rd	Tues. 10th
November 2024	Fri. 1st	Fri. 8th	March 2025	Mon. 3rd	Mon. 10th
December 2024	Mon. 2nd	Mon. 9th	April 2025	Tues. 1st	Tues. 8th
			May 2025	Thurs. 1st	Thurs. 8th

****If payment is not received 5 business days after the due date there will be a \$15.00 late fee****

All fees (tuition, late fees, supervision fees, library, etc.) must be paid in full by the end of each quarter in order for the student(s) to receive a report card and to avoid exclusion from attending St. Francis Seraph School and/or school events.

All school fees must be paid up-to-date in order for school records to be released to another school.

All final school fees and tuition must be paid in full by Monday, June 9, 2025, or student(s) may not attend the last week of school activities (field day, graduation, etc.). No checks will be accepted after June 10, 2025. All tuition & fees must be paid in full to re-register for 2024-2025 school year.

St. Francis Seraph School
Transportation Form
2024-2025

Student Name

Name of oldest student attending SFS: _____ Grade Level: _____

Pickup Authorization

Please list the names of individuals whom you have given authorization to pick up your child.

Name	Relationship	Phone Number

Mode of Transportation

Please indicate whether your child will be picked up on a daily or occasional basis. This will be followed until we receive documentation.

_____ My child will walk daily. Parents are responsible for student safety.

_____ My child will ride the bus. If you are in CPS's district. Yellow bus service is not guaranteed.

_____ My child will ride/walk to after school care provider. Please list after school provider _____.

_____ My child will be picked up. Please list who will be picking up daily _____.

Dismissal

If there is a change in transportation for your child please call the office prior to 1:45pm so that their teacher is aware of the change. Dismissal begins at 2:20pm and ends at 2:45pm. There is a \$5.00 fee every 15 minutes that your child is here past 2:45pm.

Please wait outside of the two blue double doors located on Moore Street and Liberty Street to pick up your child. The students will be dismissed by Mr. Clements at 2:20pm. Each grade will be escorted out of the building by their home room teacher. Bus riders will exit first so do not park in front of the two blue double doors on Moore Street (reserved for the yellow buses).

St. Francis Seraph School Emergency Form
2024-2025

Students Name	Birthday (mm/dd/yyyy)	Grade Level	Food Allergies	Medication Allergies	Medical Conditions	Medications

Parent/Legal Guardian: _____ Relationship to Student: _____
Home Address: _____ Apt: _____ City: _____ State: _____ Zip Code: _____
Phone Number: _____ Alternate Phone Number: _____ Email: _____

Emergency Contacts

In case of an emergency and you cannot be reached you may contact the following people to pick-up my child.

1st Contact Name: _____ Relationship to Child: _____ Phone Number: _____
2nd Contact Name: _____ Relationship to Child: _____ Phone Number: _____

Grant Consent ☐ Yes ☐ No

If attempts to reach me are unsuccessful, I hereby give my consent for any treatment deemed necessary by:

Doctor/Clinic: _____ Phone Number: _____
Dentist/Clinic: _____ Phone Number: _____

If the listed above are not available, I give my consent for my child to be transferred to the following hospital
This authorization does not cover major surgery unless the medical options of two licensed physicians or dentist agree on the necessity of the surgery, prior to surgery.

Hospital: _____ Phone Number: _____

Refusal to Grant Consent

I do not give my consent for emergency medical treatment. In the event of illness or injury requiring emergency treatment, I authorize the school authorities to take the following action:

Parent/Guardian Signature: _____ Date: _____