

St. Francis Seraph School



"A Beacon of Light in Over the Rhine"

February 2023

Dear Parent/Guardian,

This registration packet contains the necessary forms to continue your child's enrollment at St. Francis Seraph School for the 2023-2024 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 Ms. Burke in the main office by May 22nd. 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 2023-2024 school year as registration will be open to all.

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
2023-2024

☐ \$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

☐ COMPLETED FORMS

All forms must be signed and dated.

- Registration Packet
- Edchoice Renewal

St. Francis Seraph School
Returning Student Registration Packet
2023-2024

Student Information

Last Name	First Name	Grade Level Student is Going Into	Ever Retained/ Grade Level Retained

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

Mother

Home Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Father

Home Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Contact Information

Mobile Number 1: _____ Mobile Number 2: _____ Work Number: _____

Email Address 1: _____ Email Address 2: _____

Required

Custody Has custody changed? ☐ Yes ☐ No (If yes, please update below)

Who has legal custody of student/s? _____ Relationship to Student/s? _____

Is there a court order regarding this student? ☐ Yes ☐ No

*****Please provide all custodial and court documentation 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

2023-2024

HANDBOOK RECEIPT

I have received a copy of the 2022-2023 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

2023-2024

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 2023-2024

Number of children attending SFS: _____

Voucher Information

Do you plan on applying for Edchoice vouchers for the 2023-2024 school year? ☐ Yes ☐ No

Did your child(ren) qualify for Edchoice vouchers this current school year (2022-2023)? ☐ Yes ☐ No (if no, please mark reason why.)

☐ Did not turn in Proof of Address ☐ Did not turn in Edchoice renewal forms ☐ Did not turn in proper paperwork ☐ Excessive absences

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 2023-May 2024.

☐ 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 2023	Fri. 1st	Fri. 8th	January 2024	Mon. 1st	Mon. 8th
October 2023	Mon. 2nd	Mon. 9th	February 2024	Thur. 1st	Thur. 8th
November 2023	Wed. 1st	Wed. 8th	March 2024	Fri. 1st	Fri. 8th
December 2023	Fri. 1st	Fri. 8th	April 2024	Mon. 1st	Mon. 8th
			May 2024	Wed. 1st	Wed. 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, May 13, 2024, or student(s) may not attend the last week of school activities (field day, graduation, etc.). No checks will be accepted after May 14, 2024. All tuition & fees must be paid in full to re-register for 2023-2024 school year.

St. Francis Seraph School

Transportation Form

2023-2024

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
2023-2024

Student Name	Birthdate (mm/dd/yyyy)	Grade Level	Food Allergies	Medication Allergies	Medical Conditions	Medications

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: _____