



Saint Peter Claver Catholic School

K-8 Enrollment Application
2019-2020

New or Returning Student Enrollment Forms

Student Name: _____ Date of Birth: _____
(First) (Last) (Middle)

Entering Grade: _____ Sex: Male Female Religion: _____

Birthplace: _____
(City) (State)

Sibling(s) Enrolled at SPC? Yes No Name(s) if yes: _____

Previous School Experience (for kindergarten & new students only)

Name of (Pre)School: _____ Grades Completed: _____

City/State: _____

Reason for Transfer: _____

Parent Information Household's Preferred Language: English Other: _____

Parent/Guardian #1: _____ Relationship: _____
(First) (Last)

Street Address: _____ Religion: _____

City/State/Zip: _____ Cell #: _____

Email: _____ Home #: _____

Custody: Full Partial Other (please explain below) Primary Contact: Yes No

_____ Did you fill out this form? Yes No

What is the best method to contact you? Cell Phone Home Phone Email Other: _____

Parent/Guardian #2: _____ Relationship: _____
(First) (Last)

Please check these boxes if address, email, home #, cell # are the same as parent/guardian #1. If different, please fill out the information below

Street Address: _____ Religion: _____

City/State/Zip: _____ Cell #: _____

Email: _____ Home #: _____

Custody: Full Partial Other (please explain below) Primary Contact: Yes No

_____ Did you fill out this form? Yes No

What is the best method to contact you? Cell Phone Home Phone Email Other: _____

Emergency Contact Information

Contact Name: _____ Relationship: _____
(First) (Last)

Email: _____ Phone: _____

Contact Name: _____
 (First) (Last)

Relationship: _____

Email: _____

Phone : _____

Contact Name: _____
 (First) (Last)

Relationship: _____

Email: _____

Phone : _____

Health Information (please print)

Insurance Carrier: _____

Policy #: _____

Name of Insured: _____

Group #: _____

Preferred Hospital: _____

Phone: _____

Medical Conditions? Yes No Explain: _____

Allergies?..... Yes No Explain: _____

Medications?..... Yes No Explain: _____

Emergency Medical Authorization - In the event a reasonable attempt has been made to contact you but we have been unsuccessful, Saint Peter Claver Catholic School will need your permission to transport your child(ren) to any reasonably accessible hospital facility and/or your permission to allow the administration of emergency medical treatment by any licensed physician or dentist.

- I give my consent to transportation and/or emergency medical treatment for any and all of my children
- I do not give my consent and instead wish you to _____

Parent/Guardian Signature: _____

Date: _____

Supplemental Questions

After School Information - Saint Peter Claver offers after school care for grades K-4 and grades 5-8. Students are enrolled in after school care on a first come, first serve basis. Our program runs from the end of the school day (2:45 pm) until 5:30 pm. Please check one of the below boxes if you would like to register. The total cost of our after school care program is \$200.

- I would like to enroll in K-4 after school care (**Price: \$200**)
- I would like to enroll in 5-8 after school care (**Price: \$200**)
- I am not interested in after school care

Bus Information - The deadline for enrolling for the bus at Saint Peter Claver is August 1, 2019. Saint Peter Claver uses multiple bussing services to provide transportation to the families that attend our school. Pricing of these bus services depends on the address at which your family is located. If you are interested in receiving bussing services, please check one of the below boxes and list the address from which your student will be picked up and/or dropped off at. The school will follow up with you on pricing information after we have processed your address.

- I would like to enroll for bus services for the morning and afternoon
- I would like to enroll for bus services for **ONLY** the morning **OR** afternoon
- I am not interested in bus services

Street Address for Bus: _____ City/State/Zip: _____

This is: Our home address A relative's address Other _____

People Authorized to Pick Student Up (other than parents/guardians) - Saint Peter Claver's school day starts at 8:10 a.m. and ends at 2:45 p.m. The school's doors open at 7:00 a.m, and students **MUST** be picked up by 3:00 p.m. if they are not enrolled in after school care. Please be sure that anyone authorized to pick up or drop off your student is aware of these times!

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Financial Responsibility

Registration Fee - Saint Peter Claver requires a non-refundable registration fee of **\$25.00** per scholar that is being enrolled. This fee may be paid by cash or check to the front office.

Tuition - Tuition for Saint Peter Claver is **\$1,400** per child, which is broken up into ten payments of **\$140/month**.

Financial Aid - If you would like to be considered for financial aid, please complete the attached form and provide either your tax information or two pay stubs to be used as documentation. You will receive a Financial Aid Award Letter **after** your student(s) have been accepted for enrollment and your financial aid application has been submitted with all requested documentation.

- I **WILL** be applying for financial aid
- I **WILL NOT** be applying for financial aid

Free and Reduced Lunch - Please indicate below if you would be interested in applying for free and reduced-price meal benefits for the 2019-2020 school year. If you check the box that indicates you will be applying, Saint Peter Claver will provide you with an *Application for Educational Benefits*. The Minnesota Department of Education requires that every K-8th grade household submit a new application each year for these benefits. If your household is approved and you do qualify for free and reduced lunch, the State of Minnesota will fund these meals .. If your household is **NOT** approved, you will be expected to pay the full prices for meals, which are **\$3.10/school lunch** and **\$1.60/school breakfast**.

- I **WILL** be applying for free and reduced lunch benefits
- I **WILL NOT** be applying for free and reduced lunch benefits

I, _____, understand that full tuition cost for attending Saint Peter Claver Catholic School is **\$1,400** per student, and I accept full financial responsibility for the payment of tuition at Saint Peter Claver Catholic School over the course of the 2019-2020 school year. I also accept full financial responsibility for the payment of the \$25.00 registration fee for my scholar(s), any and all lunch costs accrued by my scholar(s), and for any other fees (bus, after school care, etc.) my scholar(s) accrue over the course of the 2019-2020 school year.

Parent/Guardian Signature: _____

Date: _____

Required Documents (for kindergarten & new students only)

Please provide copies of the documents listed below to Saint Peter Claver's front office as soon as possible. Our enrollment cannot be finalized without all three of these documents!

- Birth Certificate
- Immunization Records
- Request for School Records

Ethnicity

This information will not affect your registration and will only be used for required state reporting. Please select from the following options.

- American Indian
- Asian
- Hispanic/Latino
- Black/African American
- Alaska Native
- White
- Native Hawaiian
- Pacific Islander
- Other: _____