



THE BASILICA SCHOOL OF SAINT MARY STAR OF THE SEA

700 Truman Avenue, Key West, Florida 33040 (305) 294-1031 www.basilicaschoolkeywest.com
Founded in 1868 – Accredited by the Florida Catholic Conference

Registration Form

Please complete one (1) application for each student. (Print or Type)

Application Date: _____ Grade Applying For: _____

Student Name: _____ Gender: _____
First Middle Last

Social Security Number: _____

Student Date of Birth: _____ Copy of Birth Certificate? _____
Month Day Year

Ethnic self-identity: Please check as many as apply: White Black or African American
 Hispanic Asian Native Pacific Islander American Indian or Eskimo Other

Student Lives With: Both Parents Mother Father Guardian Other

Father's Name: _____ **Mother's** Name: _____

Address: _____ Address: _____

City: _____ Zip: _____ City: _____ Zip: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Religion/Parish: _____ Religion/Parish: _____

Work Phone: _____ Work Phone: _____

Emergency Contact (not already listed above)

Name: _____ Relationship to Student: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ Email Addr: _____

List of Persons Allowed to Pick Up Student

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

Application for Admission

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Sacramental Information: (Please attach copy of Baptism documentation)

Baptism: _____
Date _____ Church _____ City & State _____

First Communion: _____
Date _____ Church _____ City & State _____

Confirmation: _____
Date _____ Church _____ City & State _____

Supplemental Information for New Students

Has your student been tested for learning disabilities? Yes: ___ No: ___ Date Tested: _____

If yes, please explain results: _____

Is there any pertinent medical, educational or psychological history that the school should be informed about? Yes ___ No ___ If yes, please attach a sheet with explanation and include necessary documentation.

Does your student take any medication on a regular basis? Yes ___ No ___

If yes, please explain. _____

List all schools your student has attended in chronological order:

_____ State: _____ Years: _____ Grades: _____

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_____ State: _____ Years: _____ Grades: _____

Has the applicant ever been suspended or dismissed for academic or disciplinary reasons from a previous school? Yes ___ No ___

If yes, please explain: _____

I certify that the information given in this application is complete and accurate.

Signature of parent or legal guardian

Date

Office Use Only

Financial

Registration/Application Fee Paid Date: _____ Check/Credit Card/Cash (circle one)

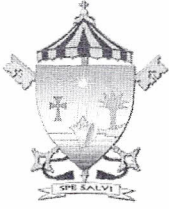
Curriculum Fee: _____ Tuition: _____

Forms Required

Birth Certif. ___ Physical Form (yellow) ___ Shot Record (blue) ___

Copy of SS Card ___ Emergency Card ___

Religious Baptismal Certif. ___



The Basilica School of Saint Mary Star of the Sea

700 Truman Avenue
Key West, FL 33040
305-294-1031

Dear Parents,

Since the stability of our school and the quality of its programs are of the utmost importance, we are always seeking ways to make improvements to benefit everyone. After much research and investigation, we have partnered with FACTS Management Company to help us manage our tuition payment program and financial aid assessment. FACTS is used by most Archdiocesan schools and over 6,000 schools nationally. We are excited to be working with them and are confident this program will offer greater efficiency and financial stability for the school while providing convenience to families.

One of our primary goals this year at The Basilica School is to concentrate our efforts on improving the business side of our school. By taking advantage of the security and convenience of payment processing and information technology offered by FACTS, we remain committed to this goal.

You will realize these benefits by using FACTS for your tuition payment plan:

1. **Payment Dates:** You may choose either the 5th or 20th of each month as your payment date. Automatic payments can be made from a checking or savings account or from a variety of credit cards.
2. **Convenience & Security:** Along with multiple payment plan options, your payments are processed securely through a bank to bank transaction.
3. **Pay by Mail:** If you would prefer to mail in your payment, we will send you an invoice at the beginning of each month.
4. **Consumer Account:** You may check your personal account or make payments online from the convenience of your home or office anytime.

One of the universal challenges in education is achieving a balance between our educational mission and financial stability. It is precisely for this reason we are enlisting the help of the FACTS Management Company. With FACTS, the school maintains decision-making control. As always, we will continue to work with families should special circumstances or "hardship" cases arise during the school year.

Thank you for your continued loyalty and support. We depend on your support in our efforts to provide the highest quality education for your children and to carry out the mission of The Basilica School. If you have any questions, please feel free to contact me at any time.

God Bless,

Robert M. Wright

Next Steps:

Visit Online.FACTSmgmt.com/SignUp and search for your institution by zip code, city, or state. Click on your institution's name to learn about the options available to you.

From there, you can create a username and password and set up a payment plan. You'll receive confirmation once your plan has been set up.

We look forward to working with you!

FACTSmgmt.com





The Basilica School

Volunteer Pledge

- I pledge to volunteer my time, my talents and/or a monetary contribution to an event organized by The Basilica School.
- I will uphold the expectations of the role of volunteer by observing the guidelines outlined in the Parent-Student Handbook.
- I promise to respect the confidentiality of the students, faculty and staff.
- I have read and understand The Basilica School's mission statement and pledge to uphold that mission in my volunteer service.

My pledge is to volunteer for the following events:

1. _____
2. _____
3. _____

I pledge to volunteer a minimum of _____ hours.

Volunteer Signature

Date

Volunteer Printed Name

Contact Information:

Phone _____ **Email** _____

___ I have completed the VIRTUS safe environment course and finger printing.

___ I have **not** completed the VIRTUS safe environment course and finger printing.

Attached you will find the Acknowledgment Form for the Parent-Student Handbook and Parent Pledge Agreement. This form must be signed and returned to the school before your student(s) can begin class. The full document is located on the school's web site under "About Us" → "Parent & Student Documents."

THE BASILICA SCHOOL OF SAINT MARY STAR OF THE SEA
ACKNOWLEDGEMENT FORM FOR
PARENT-STUDENT HANDBOOK AND PARENT PLEDGE AGREEMENT

I, as Parent or Legal Guardian, acknowledge that I have read the entire contents of the **Parent-Student Handbook** and understand the consequences of any violations of the rules and policies of the school.

I agree to cooperate with the school in the interpretation and enforcement of the policies outlined in the **Parent-Student Handbook**. I also understand that the school has the ultimate authority over the administration of the school and the interpretation of the school's rules and policies. Moreover, I further understand that all of the school's policies whether written or verbal are only guidelines and are subject to change at the sole discretion of the school with or without notice.

I also hereby acknowledge that I have read and agree to the terms of the **RELEASES** outlined in the School Sponsored Events Policy, the Participation in School Athletics or Organizations Policy, and the Use of Photos Policy.

PARENT PLEDGE AGREEMENT

In as much as I want my child to have the best possible education, and acknowledging that strong school systems in conjunction with parent's or guardian's nurturing and support are essential to that purpose:

- I will provide a home environment that will encourage my child to learn. I will help my child appreciate and enjoy the excitement in learning and the thrill of an inquiring mind.
- I will work with my child to ensure that homework assignments and projects are done on time.
- I will work with and meet with my child's teachers on a regular basis.
- I will remind my child of the necessity of discipline in the classroom, especially self-discipline, and the importance of reverence, respect and responsibility.
- I will assist the school by volunteering at least 20 hours during the school year. If I am on special tuition assistance, I will volunteer the required number of hours specified by my agreement.
- We will be an example of living our family's faith, strengthen our family prayer time and encourage Gospel values. If Catholic, we will attend Mass each weekend. If our family professes another faith, we will actively participate in our faith's services and practices.

Print Parent/Legal Guardian Name

Date

Signature Parent/Legal Guardian Name

Date

Print Student Name

Grade

The Basilica School of Saint Mary Star of the Sea

700 Truman Avenue
Key West, Florida 33040
305-294-1031

Date _____

Dear Parents/Guardians:

The Basilica School is in the process of applying for Title I, Part A funds for next school year. Eligibility for Title I services is based on student academic need and parent/guardian income level. Family income level helps to determine the amount of money our school receives to provide these services. To determine whether any of our families meet financial eligibility criteria, we are asking that parents/guardians complete the form below. Please return this form to the front office when completed. Whether children are eligible to receive Title I services will be determined by the level of their academic performance in reading and/or math skills.

This information will be considered confidential and will only be used to determine program eligibility. Thank you for providing this information.

Parent/Guardian Name _____

Address _____

1. Number of persons in your Household: (Circle the correct number)

1 2 3 4 5 6 7 8

2. Household is receiving TANF (formerly AFDC) or Food Stamps

____ Yes ____ No

3. Gross Yearly Income: Check the amount that best represents your **Yearly Income**

- _____ **Less than \$20,665**
- _____ **Less than \$27,991**
- _____ **Less than \$35,317**
- _____ **Less than \$42,643**
- _____ **Less than \$57,295**
- _____ **Less than \$64,621**
- _____ **Less than \$71,947**

If you have any questions or concerns, please email or call me.

Lana Jabour, Program Coordinator
Guidance Counselor
lanajabour@hotmail.com
305-942-6905

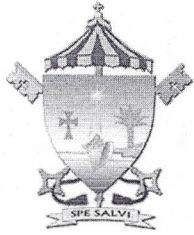
Non-Vehicle Authorization for Release of Student

This will serve as notice and authorization for my child/children, _____

to be released from school by means other than a vehicle every day of the _____
school year. I understand that Basilica School of St. Mary Star of the Sea, the Archdiocese of
Miami, or Archbishop Thomas Wenski are not responsible for my child(ren) upon their dismissal
from Basilica School of St. Mary Star of the Sea.

Parent Name: _____ Signed: _____ Date: _____
(Parent Signature)

<u>Child</u>	<u>Teacher</u>	<u>Grade</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Beyond the Bell After-School Program Registration

Beyond the Bell is The Basilica School's after-school program. Our program is tailored to provide for the needs of your child in the afternoon hours. During BTB, your child will have the opportunity to complete homework in a quiet and structured setting while receiving assistance from our qualified teaching staff. While our "homework help" sessions do not guarantee that all homework will be completed, many students do finish their work while receiving bonus instruction beyond the regular classroom hours. BTB also provides students access to the school's computer lab. Your child will also enjoy independent playtime, fellowship with classmates and additional planned physical activities. As a parent, you can enjoy the peace of mind that comes with knowing your child is safe and having fun on The Basilica School's campus.

Beyond the Bell will begin at 3:00pm and conclude at 5:30pm. Children may be picked up at any point during those hours. A snack is provided to each child at the beginning of the program. Children will work on their studies and participate in the enrichment activities in age-appropriate groups. If you wish to register your child/children for the 2014-2015 school year, please complete the registration below.

Registration Fee \$25 per student – Payment Due With This Form

Monthly & Drop-In Fees

One Child	\$180/month	or	\$10 per day	or	\$4/ hour*
Two Children	\$250/month	or	\$15 per day	or	\$4/ hour*
Three Children & up	\$280/month	or	\$20 per day	or	\$4/ hour*

The purchase of 1 month includes 20 days of Beyond the Bell participation for each child. You will receive a punch card with 20 days of aftercare attendance. The punch card is good for the entire school year. Example: If you purchase 1 month for three children the total cost is \$280. Each child would receive 20 days of aftercare service. That amounts to \$4.66 per day per child.

The hourly rate applies to each child attending. 60 minutes or less will constitute 1 hour.

Late Fee

Please pick up your child promptly at 5:30pm. There will be a \$1/minute charge for every child that remains beyond 5:45pm.

Child's Name: _____

Grade: _____ **Gender:** _____

Known Allergies/Medical Conditions:

Parents'/Guardians' Name(s):

Person(s) Authorized for Pick Up:

Mother's Information

Home Number: _____ **Work Number:** _____

Cell Number: _____

Father's Information

Home Number: _____ **Work Number:** _____

Cell Number: _____

I hereby waive, release, absolve, indemnify, and agree to hold harmless The Basilica School, its directors, officers, organizers, sponsors, supervisory staff, participants, and any other affiliates, and the Archdiocese of Miami; for, from, and against all liability because of any bodily injury, or property damage, known or unknown, which may occur or result from the participation of the above named child in any and all activities whether the result of negligence or for any other cause. I individually, and as a parent/guardian for my child, have read this release and understood all the terms. I execute it voluntarily and with full knowledge of its significance.

Name (Printed):

Signature:

The Basilica School of Saint Mary Star of the Sea

700 Truman Avenue • Key West, FL 33040
Phone (305) 294-1031 • Fax (305) 294-2095

PARENT/PHYSICIAN MEDICATION CONSENT FORM

SCHOOL NAME/ADDRESS _____
NAME OF STUDENT _____ GRADE _____ D.O.B. _____
NAME OF PARENT _____ PHONE (home) _____ (work) _____
ADDRESS _____

I request and authorize that the student identified above receive medication from school personnel as designated by the school principal. I agree to supply the school with a properly labeled bottle of medicine. The label shall include the name of the child, the name of the medication, the dosage, frequency, name of physician (for prescription medication) and the name of the Pharmacy (for prescription medications). **I UNDERSTAND THAT ANY UNUSED MEDICATION CANNOT BE SENT HOME WITH MY YOUNGSTER.**

.....

COMPLETE THIS SECTION FOR PRESCRIPTION MEDICATIONS – CONFIDENTIAL
BEFORE PRESCRIPTION MEDICATION CAN BE ADMINISTERED BY SCHOOL PERSONNEL A SIGNED STATEMENT FROM THE PHYSICIAN INCLUDING DIAGNOSIS, NAME OF THE MEDICATION, DOSAGE, FREQUENCY AND POSSIBLE SIDE EFFECTS MUST BE ON FILE.

Name of Medication _____
Dosage _____ Frequency/Time of Administration _____
Reason for Medication _____
Conditions/Circumstances requiring administration if medication is given on an as needed basis _____
Possible Side Effects to be observed _____
Name of Prescribing Physician _____ Phone _____
Physician Signature _____ Date _____
Parent/Guardian Signature _____ Date _____

.....

COMPLETE THIS SECTION FOR NON-PRESCRIPTION MEDICATION

Name of Medication _____
Dosage _____ Frequency/Time of Administration _____
Conditions/Circumstances requiring administration if medication is given on an as needed basis _____
Parent/Guardian Signature _____ Date _____

**CONSENT FOR ANY MEDICATIONS ON THIS FORM WILL BE IN EFFECT UNTIL THE
END OF THE CURRENT SCHOOL YEAR**