



ANNUNCIATION WELCOMES YOU 2016-2017

Application Packet and Lists of Requirements

ALL Returning K-8 Students

- Active FACTS account** (to which all registration, resource, tuition, and extended day charges will be added)
- Admission Application (Family and individual student sections) PRINTED LEGIBLY
- Updated Documentation of Immunizations (if any) **~~AND~~** Catholic Sacraments (if any)
- Current Pastor Approval Form for parishioner tuition rate
- Scholarship (Step Up for Students) Award Letter (if applicable)

ALL New K-8 Students

- Active FACTS account** (to which all registration, resource, tuition, and extended day charges will be added)
Register for secure online FACTS accounts by entering <https://online.factsmgmt.com> in their web browser and clicking on "Register."
Follow the instructions through setting up your banking information. A fee of \$35-40 will be charged by FACTS Tuition Management.
- Admission Application (Family and individual student sections) PRINTED LEGIBLY
- Local Pastor Approval Form for parishioner tuition rate—Non-parish rate will be charged until school receives
- Documentation
 1. Birth certificate (legible copy of state issued document)
 2. Baptismal certificate (if Catholic)
 3. Social Security Card (legible copy for all VPK and Kindergarten students)
 4. Health Form/Physical: DH 3040 less than 1 year old from your Florida doctor
 5. Immunization Form: DH 680, showing complete, age/DOB-appropriate immunizations*
***(NO EXEMPTIONS ALLOWED. We accept NO medical or religious exemptions.)**
 6. Report Cards—2 immediately prior years (if entering grades 1-8)
 7. Standardized Test Results—2 immediately prior years (if entering grades 3-8)
 8. IEP/Psychological Testing Results (if applicable)
- Scholarships
 - a) **Step Up for Students** Award Letter, copy of driver license of parent who will sign voucher checks
 - b) **McKay**—copy of driver license of parent who will sign voucher checks, SSN for same parent

ALL VPK and PK-4 (self-pay) Students

VPK Website: www.ecs4kids.org

- Active FACTS account** (to which all extended day charges will be added; and any self pay tuition will be added)
Register for secure online FACTS accounts by entering <https://online.factsmgmt.com> in their web browser and clicking on "Register."
Follow the instructions through setting up your banking information. A fee of \$35-40 will be charged by FACTS Tuition Management.
- Admission Application (Family and individual student sections) PRINTED LEGIBLY
- Documentation
 1. Birth certificate (legible copy of state issued document)
 2. Baptismal certificate (if Catholic)
 3. Social Security Card (legible copy)
 4. Health Form/Physical: DH 3040 less than 1 year old from child's Florida doctor
 5. Immunization Form: DH 680, showing complete, age/DOB-appropriate immunizations*
***(NO EXEMPTIONS ALLOWED. We accept NO medical or religious exemptions.)**
- VPK ONLY:** VPK Certificate issued by Episcopal Children's Services, signed by parent

SCHOOL NAME

DATE

DIOCESE

**DIOCESAN ADVOCATES, INC.
ANNUAL INCOME ELIGIBILITY PARENT SURVEY
Erate Funding Year 2016-2017**

RETURN IN A SEALED ENVELOPE TO SCHOOL PRINCIPAL

Please complete and return the survey below. In order for this survey to be considered a valid measure, **the survey must be returned to the principal even if your income does not meet any of the criteria.** The purpose of this survey is to collect data that will be used to determine the school's federal funding allocation. Use the chart below to find your family size. Family size may include a foster child, an emancipated youth or a special education student over age 18. *If you are paid on a weekly or monthly basis, please multiply that amount by the number of weeks or months actually worked each year to determine your "Annual Gross Income."*

PLEASE CIRCLE HOUSEHOLD SIZE IN TABLE BELOW:

Household Size	Annual	Month	Twice Per Month	Every Two Weeks	Week
1	\$ 21,590	\$ 1,800	\$900	\$ 831	\$416
2	29,101	2,426	1,213	1,120	560
3	36,612	3,051	1,526	1,409	705
4	44,123	3,677	1,839	1,698	849
5	51,634	4,303	2,152	1,986	993
6	59,145	4,929	2,465	2,275	1,138
7	66, 656	5,555	2,778	2,564	1,282
8	74,167	6,181	3,091	2,853	1,427
For each additional family member, add:	+7,511	+626	+313	+289	+145

<i>Example:</i>	<i>Family Size</i>	<i>Annual Income</i>
	4	\$44,123
	8	\$74,167

Please circle your answer

1. If your family income is the same or less than the amount shown on the chart beside your family size, circle yes. If more than the amount shown, circle NO and move to the bottom portion. YES NO
2. Is your family eligible for food stamps? YES NO
3. Are you receiving public assistance? Food stamps, or TANF (formerly AFDC) YES NO
4. Are any of your children eligible for the "Medicaid" program? YES NO
5. Are you receiving full scholarship based on need for your child/children? YES NO
6. Are you receiving free or reduced tuition for your child/children? YES NO
7. Does your family live in a housing project or have poor housing conditions? YES NO
8. Do you have an unusual financial burden? If yes, please explain: (If necessary use back of page) YES NO

FAMILY NAME (PRINT): _____

FAMILY ADDRESS: _____

PUBLIC SCHOOL DISTRICT IN WHICH YOU RESIDE: _____

List the name of all school age children living in your home, including which school they attend and their grade level.

NAME OF CHILD	NAME OF SCHOOL	GRADE LEVEL

ANNUNCIATION

WELCOMES YOU!

2016-2017 Family Registration Page 1 of 2

Family Page: Number of Students to be Registered _____ <small>(individual student pages to be attached)</small>	Returning Family _____ New Family _____
Last Name of Family _____	Other Last Names of Registered Students in this Family _____
Residence or Mailing Address of Family _____	E-mail address of family (print legibly!) _____
City _____ FL 32 _____ Zip _____	Main phone numbers (with area code, if not 904) of family _____
<input type="checkbox"/> Sacred Heart/FI <input type="checkbox"/> St. Catherine <input type="checkbox"/> St. Luke <input type="checkbox"/> MQH <small>(Signed form for tuition rate discount)</small>	<input type="checkbox"/> Not Catholic Other religious affiliation or practice in home _____

Agreements by family, applicable to all students registered:

General Release of Liability: My/our signature(s) on this page hereby releases and forever discharges Annunciation Catholic School, its officers, agents, and employees from all claims and demands, rights and causes of action of any kind that the members of this family now has or hereafter may have on account of or in any way arising from personal injuries known or unknown to the signers of this agreement and property damage resulting from any occurrence which may happen to our child/ren (or legal ward), during his/her stay at Annunciation Catholic School.

Emergency Care: I/we understand that in case of accident or serious illness, if the school is unable to reach a parent or guardian, I/we hereby authorize Annunciation Catholic School at its discretion to contact emergency personnel and to allow these professionals to administer treatment and/or transport the child/ren for treatment. The school is further authorized to provide helpful medical and family contact information to these health care providers if it has been provided to the school.

Non-Urgent Care: I/we understand that in case of accident or serious illness for which the child does not require professional emergency care providers, every effort will be made to contact a parent/guardian. In the event the school is unable to reach a parent/guardian, I/we hereby authorize Annunciation Catholic School at its discretion to call in the order I/we have listed, an emergency contact to request that he/she remove the child from the school.

Youth Photography Release: Without compensation, I/we hereby grant permission to the Catholic Diocese of St. Augustine to use and reproduce photographs and/or video taken of my/our child/ren. These photographs may be used for news and editorial purposes in publications and other electronic reproductions (websites and video) and/or brochures. In addition, I/we grant my/our permission to alter the same photos without restriction and to copyright the same. I/we hereby release the photographer, the journalists, and the publications or media outlets they represent, as well as the parish/church and/or school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, the Catholic Diocese of St. Augustine, and all of its employees and agents, from all claims and liability relating to said photographs.

Opt out request, photo release policy only: _____

Internet Acceptable Use Policy: I/we understand that the Internet is a powerful tool that must be used with responsibility, that the school has the right and responsibility to make and enforce rules for acceptable use. Our family has discussed and agrees to support the rules of the school.

Diocese of St. Augustine Volunteer Policy: The school requires family service equaling 12 hours per semester, with documentation of this service to be provided to the school by December 13 and May 15 of each academic year that the family has a child in the school. The Diocese of St. Augustine requires without exception that each volunteer must submit to the school proof of having attended Virtus' "Protecting God's Children" class, be fingerprinted at an approved facility, submit background check paperwork, and await clearance through the Diocese's Safe Environment Department.

Handbook: I/we understand that rules and discipline are important to the safety of my/our child/ren and all others who learn, work, visit, and volunteer at Annunciation Catholic school. This family agrees to abide by those rules and those published additionally when necessary.

Confidentiality: I/we understand that the information provided here is kept confidential unless the school finds it necessary to provide it to medical, law enforcement, or special education providers.

Permit: I am/we are legally permitted to register the child/ren whose information is attached.



Agreement Signature(s)

Parent/Guardian 1

Parent/Guardian 2

~

My/our signature(s) above signify my/ our acceptance of the policies set forth at left as conditions of registration at Annunciation Catholic School.

Continue on reverse

2016-2017 Fee Commitment Worksheet

Family Registration Page 2 of 2



Step 1—Parish School must have on record PRIOR TO FIRST TUITION PAYMENT a **current** Pastor Endorsement Form for family to qualify for parish rates. Family must pay non-parish rate until school receives completed form.

Sacred Heart/Fleming Island St. Catherine St. Luke Mary, Queen of Heaven

Catholic, non-qualifying Non-Catholic **State Scholarship students also must qualify in this way.**

Step 2—Non-Refundable Registration Fee (Active FACTS account required)

Fee is only assessed when new student is notified of acceptance. Returning students may assume they are accepted and fee will be assessed.

Through March 23—Returning Families only (annually, per family) \$260.00

After March 23—Returning or New Families (annually, per family) \$360.00

Step 3—Non-Refundable Resource Fee (Added to FACTS account)

Grades K-7th—Annually, each student \$600.00 x ___ students plus

Grade 8th—Annually, each student; includes graduation fee \$670.00 x ___ students

Step 4—Non-Refundable Tuition (Tuition obligation must be completed by April 30, 2017)

Tuition A—First student in family with pastor endorsement \$3,950.00 x 1 student plus

Tuition B—Each additional student in family with pastor endorsement \$3,210.00 x ___ students

Tuition C—First student in family with no pastor endorsement \$6,050.00 x 1 student plus

Tuition D—Each additional student in family with no pastor endorsement \$4,780.00 x ___ students

Tuition E—Pre-Kindergarten-4—Self-Pay family (non VPK qualifying) \$2,700.00 x ___ students

Calculate

Step 5—Select Payment Preference (Payment of resource fee(s), tuition, and extended day is made through **FACTS**)

- Option 1**—Full payment of calculated balance on/before July 1, 2016
- Option 2**—Two (2) equal payments of calculated balance on/before July 15 and on/before November 15, 2016
- Option 3**—Twelve (12) equal payments of calculated balance beginning in May 2016 and ending by April 30, 2017
- Option 4**—Ten (10) equal payments of calculated balance beginning in July 2016 and ending by April 30, 2017
- Option 5**—Registrations after June 1 ONLY _____ equal payments of calculated balance ending by April 30, 2017

***Returning Families with FACTS accounts** will be re-enrolled automatically; you only need to sign into your account with any updates to contact or banking information.

***New Families** register for secure online FACTS accounts by entering <https://online.factsmtg.com> in their web browser and clicking on “Register.” Follow the instructions through setting up your banking information. A fee of \$35-40 will be charged.

***State Scholarship Families—**

- with balances due after scholarship award is applied to account also must make a selection above.
- must endorse award checks in the school office each quarter within two weeks of notification by email or they will be billed the amount due for the quarter.

Step 6—Attach Extended Day Registration Form (Payment of extended day is made through **FACTS** with the payment preference option selected above.)

Reverse side completed?

ANNUNCIATION

Registration for 2016-2017 School Year Student Registration Page 2 of 2



Student(s) live(s) with:

- Both parents Mother only Father only Mother and Stepfather Father and Stepmother
 Guardian(s)/Other _____ Any deceased parent(s)? Mother Father

Is there a custody situation of which the school should be aware? No Yes (If yes, complete Custody Order required at school)

Parent/Guardian with legal right to enroll student(s)

Primary Email (frequently checked for school messages)

Occupation

Work Phone & Cell Phone

Parent/Guardian with legal right to enroll student(s)

Primary Email (frequently checked for school messages)

Occupation

Work Phone & Cell Phone

Non-Custodial Parent/Guardian- Is this person allowed to pick up child? Yes No

Non-Custodial Parent/Guardian Primary Email

Non-Custodial Parent/Guardian Occupation

Non-Custodial Parent/Guardian Work Phone & Cell Phone

Non-Custodial Parent/Guardian- Is this person allowed to pick up child? Yes No

Non-Custodial Parent/Guardian Primary Email

Non-Custodial Parent/Guardian Occupation

Non-Custodial Parent/Guardian Work Phone & Cell Phone

When the school is unable to reach a parent/guardian listed above, I/we authorize the school to call the persons listed below to assume temporary care of my child, to pick up/leave campus for rest or medical attention, or to transport my child to an off-campus student activity in the event other arrangements have not been made known to the school.

1. Name _____ Relationship to Student _____
Cell Phone _____ Other Phone _____
2. Name _____ Relationship to Student _____
Cell Phone _____ Other Phone _____
3. Name _____ Relationship to Student _____
Cell Phone _____ Other Phone _____
4. Name _____ Relationship to Student _____
Cell Phone _____ Other Phone _____

Reverse side completed?

Office Use:

On File (**OF**) or Provided (**P**): Birth Cert. ____ SSN ____ DH3040 ____ DH680 ____ Baptismal Cert. (if Catholic) ____ IEP ____

New to ACS provided from immediately prior 2 years: report cards (grades 1-8) ____ and standardized test results (grades 3-8) ____

Family Page ____ # of Student Page(s) ____ Custody documents ____ A+1 ____ A+2 ____ QB ____ FACTS ____

Parish Discount Form ____ Circle Scholarship Documents: SUFS ____ Award Letter FDL

VPK/ECS Certificate ____ McK ____ Affidavit FDL SSN ____