

ANNUNCIATION

WELCOMES YOU! 2022-2023 Family Registration

Family Page: Number of Students to be Registered _____	(individual student pages to be attached)
_____	_____
Last Name of New Family _____	Other Last Names of Registered Students in this Family _____
_____	_____
Residence or Mailing Address of Family _____	E-mail address of family (print legibly!) _____
_____ FL 32 _____	_____
City _____ 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	_____
(Signed form for parish tuition scholarship) <input type="checkbox"/> Not Catholic	Other religious affiliation or practice in home _____



Bulk Supply Option (Deadline July 31, 2022):

- ___ Yes, bill to my Family Portal at \$40 for each student in our family
___ No, we will purchase **both sections** from the supply list.



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.

Financial Responsibility: I/we understand that registering student(s) makes me/us the **party responsible for payment** of all accounts associated with student(s). Accounts must be kept current for student(s) to remain at Annunciation.

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.

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 each **family** to provide service to the school equaling 12 hours per semester, documenting the service to the school by December 15 and May 15 of each academic year that the family has a child in the school. These hours are not the same as service hours required by the family's parish. Without exception, the diocese requires that all adults complete the SAFE Environment process prior to volunteering with children on campus .

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—Print

Parent/Guardian 1—Sign

Parent/Guardian 2—Print

Parent/Guardian 2—Sign

~

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

**Annunciation Catholic
School.**



ANNUNCIATION

2022-2023 Image Release & Sacrament Update Form—Family

Many events at our school and parishes involve taking photographs or filming students and family members participating in the life of the church and school. We have prayer services and liturgies, musical programs and sports, art and science expositions, field trips and class programs, fundraisers and diocesan competitions, and awards, in addition to school sponsored and non-school sponsored gatherings off campus. The images that are collected are sometimes used to promote school and parish life in the wider community of print and television journalism and advertising, as well as social media outlets. These images will never be used deliberately by diocesan personnel or volunteers to endanger or embarrass or exploit any persons or groups who appear in them.

Images include, but are not limited to, photographs, films, recordings which may appear in promotional materials or viewing via any audio or visual newsletters, *yearbooks, bulletins, calendars, PowerPoint (or other visual presentation software), videos, websites, blogs, social network pages or posts, framed remembrances, teaching/coaching tools, safety demonstrations, and other wholesome instances.

*Yearbooks often include school sports teams, clubs, altar servers, awards, and candid images.

Therefore,

Yes No

Without compensation, I/we hereby grant permission to the Catholic Diocese of St. Augustine, its affiliated entities, agents, and employees (hereinafter referred to as "the Diocese"), the right to photograph me/us and my/our child/ren listed on this form and to **use and reproduce these photographs as described above. I further give the Diocese copyrights to all images, works, acts, plays, and appearances made by or with us and the right to alter the same without restriction.**

Yes No

I/we hereby release the photographer, the journalists, and the publications or media outlets they represent, as well as the parish/church/school involved, the Bishop of the Diocese of St. Augustine, a corporation sole, and all of its employees and agents, from all claims of liability or damages that we might assert under Florida Statute 540.08, or any other statutory or common law claims relating to the use of said images or the reproduction of our names, voices, likenesses or other identifying characteristics.

Yes No

I/we hereby certify that I/we have read the foregoing and fully understand its contents and intend for this document to be legally binding. This permission shall remain in effect unless revoked by me/us and communicated in writing to Annunciation Catholic School.

Yes No

Our/my child/ren's photograph may be in the school *yearbook.

Yes No

Our/my child/ren may appear in the Grade 8 class photograph, graduation photograph, and other events specific to Grade 8.
Not applicable

Yes No

Our/my child/ren may be filmed or photographed for any of the *Angel News* shows and the school newsletter.

Yes No

Our/my child/ren's photograph may be included in such remembrances as a class auction project, Facebook page, apps, and other social media.

Print Parent Name for child/ren listed below

Parent Signature

_____/_____/202_____
Date

Print Student Name

Grade

Print Student Name

Grade

Print Student Name

Grade

Print Student Name

Grade

Print Student Name

Grade

Print Student Name

Grade

Student Sacrament Update

Student name _____ will receive 1st Reconciliation 1st Eucharist at our family's parish during the 2022-2023 school year.

Student name _____ will receive 1st Reconciliation 1st Eucharist at our family's parish during the 2022-2023 school year.

Student name _____ will receive 1st Reconciliation 1st Eucharist at our family's parish during the 2022-2023 school year.

Student name _____ will receive 1st Reconciliation 1st Eucharist at our family's parish during the 2022-2023 school year.

Student name _____ is (or will be) enrolled in will complete our family's parish *RCIA for Children* program.

Student name _____ is (or will be) enrolled in will complete our family's parish *RCIA for Children* program.

Student name _____ is (or will be) enrolled in will complete our family's parish *RCIA for Children* program.

Student name _____ is (or will be) enrolled in will complete our family's parish *RCIA for Children* program.

ANNUNCIATION

2022-2023 School Year
Student Registration

Complete one Student Page for each student you are registering.

Student Legal Last Name _____ Legal First Name _____ Middle Name _____ Preferred Name _____

Entering Grade _____ Male Female Date of Birth: ____/____/20____
mm dd yy

Required: Student is U.S. Citizen: Yes No Student's Ethnicity: Hispanic Non-Hispanic

Catholic Sacraments **already** received: Baptism (copy of certificate required) Reconciliation Eucharist Confirmation

Will student receive Sacraments at your parish this school year? Baptism Confirmation
 First Eucharist First Reconciliation
Is student enrolled in your parish's RCIA for Children program? Yes No

Other Faith Tradition Sacraments received: Baptism (copy of certificate required) Denomination _____

How did new family hear about Annunciation? _____

Is this child currently enrolled at St. Luke Child Care Center? Yes No

Entering K or 1st only, did student attend VPK? Yes No If yes, where? _____

Student attended Annunciation for 2021-2022 school year Yes No

Required: last K-7th grade school (not VPK/PK4) student attended _____
Provide school name, address, phone on line above

Yes No Has student repeated any grade? If yes, which grade(s)? _____

Yes No Has student been suspended or expelled from any school?

Annunciation MUST have all the educational and developmental background details about each student. Failure to disclose fully any of the information requested may result in a family being asked to withdraw the student from the school.

Yes No Does student have an IEP or 504? **If yes, complete copy is required for school records.**

Yes No Does student have an psycho-educational evaluation? **If yes, complete copy is required for school records.**

Yes No Does student have any history of counseling, therapy, or other psychiatric services?
If yes, complete copy is required for school records.

Yes No Does student have any type of learning, attention, neurological disorder, or any other health impairment?
If yes, explain _____

Yes No Does student require services (speech, occupational therapy, etc.) from Clay District or other Public Schools?
If yes, what services? _____

Yes No Has student been diagnosed with ADD/ADHD? Daily *medication(s)? _____

Yes No Allergies: To what? _____

Yes No Asthma: Daily Medication? Yes No What *medication(s)? _____
Known triggers (e.g., exercise, weather) _____

***Medications to be administered at school, including EpiPen and Inhaler, require separate diocesan authorization form(s). Request forms and provide meds in original containers/dispensers before start of school.**

Yes No May we apply a band-aid to a minor skin injury? Yes No May we apply an ice pack?

Family Doctor or Pediatric Practice _____

Doctor's Phone Number (with area code) _____

Health Insurance _____

Health Policy Number _____ **Continue on reverse**

ANNUNCIATION

Registration for 2022-2023 School Year

Student Registration



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)

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

Primary Email (frequently checked for school messages)

Primary Email (frequently checked for school messages)

Occupation/Employer

Occupation/Employer

(_____) _____
Cell Phone **Work Phone**

(_____) _____
Cell Phone **Work Phone**

Non-Custodial Parent/Guardian-

Non-Custodial Parent/Guardian-

Is this ↑person allowed to pick up child? Yes No

Is this ↑person allowed to pick up child? Yes No

Non-Custodial Parent/Guardian Primary Email

Non-Custodial Parent/Guardian Primary Email

Non-Custodial Parent/Guardian Occupation/Employer

Non-Custodial Parent/Guardian Occupation/Employer

(_____) _____
Non-Custodial Parent/Guardian Cell Phone & Work Phone

(_____) _____
Non-Custodial Parent/Guardian Cell Phone & Work 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. **I/we will add and delete as necessary in this student's Family Portal profile any other individuals who may also provide this assistance for this student.**

- Name _____ Relationship to Student _____
Cell Phone _____ Other Phone _____
- Name _____ Relationship to Student _____
Cell Phone _____ Other Phone _____

Required Race Demographics for County, State, U.S. Statistics:

- American Indian/Native Alaskan Asian
 Black Native Hawaiian/Pacific Islander White/Caucasian Two or more races

Office Use:	
On File (OF) or Provided (P):	Birth Cert. ____ SSN ____ DH3040 ____ DH680 ____ Baptismal Cert. ____ IEP ____ Other Dox ____
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 ____ RW-1 ____ RW-2 ____ DB ____ QB ____ FACTS ____
Parish Scholarship Form ____	Circle Scholarship Documents: SUFS/FES ____ Award Letter ____ Gardiner Student ID ____
Multi-Child Scholarship Form ____ McKay ____	Affidavit & SSN ____ Hope ID ____ VPK/ECS Certificate ____

Reverse side completed?



Annunciation Catholic School

Florida Department of Education School Number 1409

1610 Blanding Boulevard, Middleburg, Florida 32068 904/282-0504

www.annunciationcatholic.org

2022-2023

Annual Tuition
\$7,695.00 per student

Family Payment & Scholarship Election

[ALL Families of K-8 Students must complete and return]

Our family qualifies for **Annunciation's Sponsoring Parish Scholarship**...AND,
 our Pastor Approval Form will be submitted before our first tuition payment.
 Our family will enroll in FACTS Tuition Management, at <https://online.factsmgt.com>.
 Our family has a FACTS account.

_____ / ____ / 202__
 Printed Name & Signature of Person Responsible for Financial Obligation Date

Office Use

Form?

F- _____

Our family has **one** student at ACS. We do **not** qualify for the Parish Scholarship or the Multi-Student Scholarship.
 Our family will enroll in FACTS Tuition Management.
 Our family has a FACTS account.

_____ / ____ / 202__
 Printed Name & Signature of Person Responsible for Financial Obligation Date

Office Use

F- _____

Our family qualifies for **Annunciation's Multi-Student Scholarship**.
 We understand that our financial obligation for this year is \$ _____.
 Our family will enroll in FACTS Tuition Management.
 Our family has a FACTS account.

_____ / ____ / 202__
 Printed Name & Signature of Person Responsible for Financial Obligation Date

Office Use

F- _____

State & Other* Scholarships

Families who are awarded any of these scholarships must provide documentation from the scholarship funding organization to the school office prior to the family's financial obligation being reduced by the award amount. Please write the scholarship student's name(s) on the lines provided below and mark with an "X" on the appropriate scholarship column. Families must **commit** to signing the award checks or approving required documents within a week of emailed notification quarterly or risk loss of scholarship status and being billed for the amount of the quarterly payment. Difference between award and tuition is billed to family.

*Folds of Honor is a scholarship for qualified retired military.

<u>Student Name</u>	<u>AAA-Need</u>	<u>AAA-PLSA</u>	<u>Florida Tax Credit</u>	<u>FES-EO</u>	<u>FES-UA</u>	<u>Hope</u>	<u>Folds of Honor*</u>
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

Office Use

_____ / ____ / 202__
 Printed Name & Signature of Person Responsible for Signing Checks or Documents on time Date

Reverse intentionally blank—Family completes and returns with registration packet



2022-2023

Annunciation Catholic School

Florida Department of Education School Number 1409

1610 Blanding Boulevard, Middleburg, Florida 32068 904/282-0504

www.annunciationcatholic.org

Title I Survey—Clay County District Schools

Dear Families-

We need your help! Our local school district is responsible for implementing a federal education program entitled **Title I**, which offers supplemental instructional services to public and private school children who would benefit from these services. The information you provide will determine the amount of funds the school district has available for special, supplemental services.

The additional instruction provided by the Title I program helps participating children acquire the knowledge and skills they need to meet challenging achievement standards. All of our students benefit when students with educational needs receive the extra services from Clay County Schools.

But, our students can benefit only if all of our enrolled families return the survey to Annunciation.

Only one survey is needed per family. Please help us help your children.

1. Current School: Annunciation Catholic School, FLDoE #1409

2. Date: ____/____/2022

3. Student Street Address: _____

4. Zip Code: 32_____

5. Grade Level of each Child:

6. Number of Members in the Family/Household: _____

7. Family Income Level: Monthly: _____

Yearly: _____

This page may be submitted to Annunciation in a sealed envelope marked "Principal."

Information collected from this survey will be kept in strict confidence.

