

Lafayette Catholic School System

Elementary School Admissions

The Lafayette Catholic School System has a selective admissions policy in that all students applying must be approved for acceptance for admission by the designated school principal.

Applications for all elementary grades for the following school year will be accepted beginning on the first day of the previous school year. Applications for admission are accepted in order of receipt to the school system.

While every effort is made to meet the school request of the parents, it is the responsibility of the school system to operate at optimum efficiency. Occasions may occur where a grade will fill to capacity at one elementary school and new students may be asked to attend the elementary school where openings exist in that grade.

Completed applications may be mailed or dropped off at any Lafayette Catholic School System school office or to the Lafayette Catholic School System Development Office

Attn: Angie Schrader, Enrollment

2410 S. 9th St.

Lafayette, IN 47909.

Completed applications for elementary school admissions should include the following:

- LCSS Belief Statement Signature Page (one per family)
- LCSS Elementary Enrollment Form (one for each student)
- LCSS Student Emergency Form (one for each student)
- Student Health Record for Elementary, Middle and High School (one for each student)
- LCSS Supplemental form for Non-Traditional Families (one for each student if needed)
- Parish Verification Form (one per family)
- Tuition Payment Methods (one per family)
- LCSS Directory Form (one per family)
- Registration Fee \$50 per child ½ day K - 6, \$100 for all day kindergarten (non-refundable fee which is credited toward tuition)

Welcome to the Lafayette Catholic School System!

Continued from side 1 >>>>>>>>

Student Name _____
Last First Middle

Transportation to and from school will usually be provided as follows:

To school _____ From school _____

List other children in the family

Name	Birth date	Grade	School	Religion
_____	____/____/____	____	_____	_____
_____	____/____/____	____	_____	_____
_____	____/____/____	____	_____	_____
_____	____/____/____	____	_____	_____
_____	____/____/____	____	_____	_____

County in which parent/guardian resides _____

Public school student would attend if not attending this school system _____

Please tell us how you learned about our school system _____

In order to obtain the optimum efficiency of the Lafayette Catholic School System, placement is based on your preference and the following criteria: class size, gender split, transportation, home parish and religion.

Your campus preference:

St. Mary (K-3) _____ St. Boniface (4-6) _____ St. Lawrence (K-6) _____ No preference _____

Please rank in order of importance with one (1) being **MOST** important:

Location _____ Class size _____ Transportation _____ Gender split _____

After all criteria has been considered, you will be notified as to which campus your child has been assigned.

A \$50.00 non-refundable registration fee for one-half day kindergarten through sixth grade and a \$100.00 non-refundable registration fee for all day kindergarten is due upon enrollment and will be applied to the tuition fee.

Method of tuition payment: Automatic Fund Transfer _____ Semi Annual _____ Annual _____

If Automatic Fund Transfer is selected, please complete an Authorization for Direct Payment Form

Signature of person(s) responsible for payment of tuition: _____

Signature of person completing form

Date



FOR OFFICE USE ONLY

Campus/classroom assigned _____ Enrollment Date: _____ Time: _____ Location: _____

Birth Certificate Checked _____ Milk order: Chocolate _____ White _____

Registration fee paid: \$50 (½ k-6) _____ \$100 (ADK) Copy to Business Office _____

School: _____ Student's Name: _____

First M.I. Last

Grade for 2010-11 _____

LAFAYETTE CATHOLIC SCHOOL SYSTEM STUDENT EMERGENCY FORM
1 per student (Duplicate form as needed or additional forms are available in school office)

Address _____ City _____ Zip _____

Gender ___ Birthdate _____ Parish _____ *Public School (Child would attend)* _____

Family doctor and phone: _____

Hospital Preference _____

Insurance Company and Policy # _____

In case my child becomes ill or injured at school/school activity and parents cannot be reached, call the following whom I have contacted and should be available: (IT IS IMPERATIVE THAT WE HAVE TWO EMERGENCY NUMBERS).

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Dear Parent(s),

For us to assist your son or daughter in a MEDICAL EMERGENCY, this questionnaire must be completed and returned to the school before the first day of school. It is imperative the schools faculty and staff is aware of your son/daughter's physical condition!

My son/daughter has a medical problem(s) or Life Threatening Condition*. (Circle one) Yes No

CONDITION	YES	NO	MEDICATION	COMMENTS
Allergies				
Asthmatic				
Diabetic/Hypoglycemia				
Epilepsy/Seizure Disorder				
Hearing Defects/Aids				
Heart Problems				
Hypertension				
Vision: Glasses/Contacts				
Other				

In an emergency, the school will take the necessary steps to assure your child's safety, which could mean contacting an available doctor and/or admitting the child to a hospital. Please sign below giving your permission and indicating that the above information is correct. *If a life threatening condition exists, provide needed details to your principal.

Father/Guardian Signature: _____ Mother/Guardian Signature: _____

Printed Name: _____ Printed Name: _____

Home Phone: _____ Work Phone: _____ Home Phone: _____ Work Phone: _____

Primary Email Address: _____ Primary Email Address: _____

Cell Phone/Pager: _____ Cell Phone/Pager: _____

Address of Mother or Father (if different than student) _____

Step-Father's Name: _____ Step-Mother's Name: _____

BOTH SIGNATURES REQUIRED IF STUDENT LIVES WITH BOTH PARENTS.

*******(Please keep this information updated if there are any changes)*******

STUDENT HEALTH RECORD FOR ELEMENTARY, MIDDLE & HIGH SCHOOL

Name _____ M F Birthdate _____ School _____

Address _____ Zip _____ Phone _____

Father _____ Employer _____ wk# _____ # of brothers _____

Mother _____ Employer _____ wk# _____ # of sisters _____

Physician _____ Phone# _____ Hospital Preference _____

Health History

- Allergies Yes No If yes please list _____
- High Blood Pressure Yes No Asthma Yes No
- Low Blood Sugar Yes No Bronchitis Yes No
- Measles/Rubella Yes No Chicken Pox Yes No
- Mumps Yes No Diabetes Yes No
- Ear Infections Yes No Rheumatic Fever Yes No
- Heart Problems Yes No Scarlet Fever Yes No
- Hearing Aids Yes No Scoliosis Yes No
- Vision: Glasses Yes No Contacts Yes No
- Seizures Yes No Handicap Yes No Specify: _____
- Medications Yes No If so, Name and frequency _____
- Operations Yes No If so, Specify: _____
- Other Health issues: _____

IMMUNIZATIONS *required for entry to school. Board of Health regulations require month/day/year of immunization.

VACCINE	# OF DOSES	DATE	BOOSTERS
*DPT	5 4 th dose after age 4	1. ____/____/____ 2. ____/____/____ 3. ____/____/____ 4. ____/____/____	5. ____/____/____ 6. ____/____/____ 7. ____/____/____ 8. ____/____/____
*POLIO	4	1. ____/____/____ 2. ____/____/____ 3. ____/____/____ 4. ____/____/____	5. ____/____/____ 6. ____/____/____ 7. ____/____/____
*MMR	2, AFTER AGE 1	1. ____/____/____ 2. ____/____/____	
*HEPATITIS B	3	1. ____/____/____ 2. ____/____/____ 3. ____/____/____	
*VARICELLA	2 AFTER AGE 13 Or none if disease	1. ____/____/____ 2. ____/____/____	Or Date of Disease ____/____/____
DTAP	1	1. ____/____/____	
MENINGITIS	1		
OTHER			

**LAFAYETTE CATHOLIC SCHOOL SYSTEM
BUSINESS OFFICE
2410 S. 9th STREET
LAFAYETTE, IN 47909-2499
(765) 474-5427**

Parish Verification Form

Family Name (Last) (First)

Street City Zip

Telephone

Student's Name(s) Grade School

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I consider this family to be active registered members of _____

Parish. As such, they qualify for registered Catholic tuition rates for the current year.

Date

Pastor

Please complete, obtain pastor's signature, and return this form to the Business Office at the address listed above. When the form is received by the Business Office, your tuition rates will be adjusted to reflect the appropriate parish discount. Accounts with verification forms received by July 13 will have the appropriate adjustment made for the first payment date of July 20.

TUITION PAYMENT METHODS

There are three choices for payment. Please check the preferred option under method of payment.

1. **Automatic fund transfer** – tuition is divided into 10 payments which are automatically withdrawn from your checking or savings account on the 20th of each month, beginning with **July 20, 2010 and ending with April 20, 2011**. Attach a voided check or deposit slip to this form.
2. **Semi-annual** –first payment due on **July 20, 2010** and the second payment due **January 20, 2011**.
3. **Annual** – total payment due on **July 20, 2010**.

FULL FAMILY NAME _____
(Please Print)

Method of payment we prefer: *(please check one)*

Option 1 (Monthly)_____ **Complete the authorization for Direct Payment Form below**

Option 2 (Semi Annually)_____

Option 3 (Annually)_____

AUTHORIZATION FOR DIRECT PAYMENT (Automatic Fund Transfer)

PLEASE ATTACH A VOIDED CHECK OR A VOIDED DEPOSIT SLIP FOR THE APPROPRIATE ACCOUNT & COMPLETE ALL SECTIONS BELOW

(Name of your Financial Institution) (Branch)

(Address of Financial Institution) (City) (State) (Zip)

(Signature) (Date)

(Name-Please Print) (Home Address-Please Print)

CHOOSE ONE:

Checking Account # _____ **or** Savings Account # _____

Financial Institution Routing Number _____

On (date) _____, I authorize Lafayette Bank & Trust Company, P.O. Box 1130, Lafayette, IN 47902, to initiate electronic entries to my checking or savings account and have agreed to the terms listed above. I may revoke my authorization with the Company at any time by writing to the Lafayette Catholic School System's Business Office.

AFT monthly payment amount \$ _____ (net tuition divided by 10). Regular payment date is the 20th of each month beginning July 20, 2010 and ending April 20, 2011. If the payment amount changes, the Lafayette Catholic School System's Business Office will notify you at least 10 days before the regularly scheduled payment date.

THIS FORM MUST BE RETURNED WITH YOUR COMPLETED REGISTRATION PACKET

LAFAYETTE CATHOLIC SCHOOL SYSTEM DIRECTORY 2010-2011

Dear Parents,

We need information for your listing in our family telephone directory for the 2010-2011 school years. The directory includes student families from St. Mary, St. Boniface, St. Lawrence and Central Catholic. It is intended only for the families from these schools and we will not distribute it elsewhere.

This form is being sent along with your registration forms. Also, in order to conserve space, there is room for **one** telephone number and listings for children who attend the Catholic schools. You may include **one** e-mail address on the comment line. Please fill it in completely and return it along with your registration forms or as soon as possible. Thank you for your help and cooperation.

* * * * *

- We would like our family's name, address, and telephone number listed in the directory.
- We do not wish to have our telephone number listed in the directory.
- We do not wish to have our address listed in the directory.
- We do not wish to have our address or telephone number listed in the directory.
- The information is correct as listed in the current directory (please fill in the section for each child).

Comments: _____

Please LEGIBLY print the information below as you would like it to appear in the directory. Circle EACH child's SCHOOL in the space below the line. ALL children should be listed on one form. If your child has a different surname (last name), put it in parentheses () following the child's first name.

PARENT/GUARDIAN SURNAME (LAST NAME) CHILD'S NAME/ CC L B M /2010-11 GRADE

FATHER/MOTHER/GUARDIAN'S FIRST NAMES CHILD'S NAME/ CC L B M /2010-11 GRADE

ADDRESS CHILD'S NAME/ CC L B M /2010-11 GRADE

CITY, STATE, ZIP CODE CHILD'S NAME/ CC L B M /2010-11 GRADE

TELEPHONE NUMBER CHILD'S NAME/ CC L B M /2010-11 GRADE

PARENT/GUARDIAN SIGNATURE CHILD'S NAME/ CC L B M /2010-11 GRADE