

I am registering my child in Infant of Prague Catholic School for the academic year 2020-2021, subject to the following conditions:

I understand as a new family interested in enrolling at Infant of Prague Catholic School that families of Infant of Prague parish will be accepted first, then other Catholic families and after that, all other families. Consideration is given to families already enrolled in Infant of Prague Catholic School for additional members of their immediate family. If there are more applicants in any of the above categories than there are available openings, priority will be given based upon receipt of **completed** applications.

Students not accepted due to lack of space will have their name placed on a waiting list. This list is kept through January of the school year in which I am seeking admission for my child.

If school is in session, all Fees and Tuition Payments will be paid upon acceptance. **I understand ALL FEES ARE NON- REFUNDABLE.** I also understand that Tuition Payments may be pro-rated in the event military transfer orders are presented.

Application Fee (non-refundable): \$100.00 per student to be included with this application form

This application is not a guarantee that you will be accepted by Infant of Prague Catholic School for the coming school year. It represents your request that Infant of Prague accept your child for enrollment during the coming year. Infant of Prague Catholic School reserves the right to decline enrollment.

I will adhere to the Financial Responsibility Policy as approved by the Infant of Prague Finance Committee.

All the information contained on this application is true and accurate. Any omission or untruth could warrant non-acceptance or dismissal from the school program.

Signature of Parent or Guardian

Date

Please submit the \$100 Application Fee with the following items to the school office:

- Application Form
- Updated Immunization Form
- Birth Certificate
- Baptismal Certificate (if Catholic)
- Financial Responsibility Policy (one per family)
- IEP, IFSP or documentation of services for learning disorders, behavior counseling, special education or any other support services



Application Portfolio

for Pre-Kindergarten
2020-2021 School Year

Student's Name _____

Today's Date _____

501 Bordeaux Street, Jacksonville, NC 28540
Phone (910)-455-0838 ~ Fax (910) 455-0270 ~ Email: iop@iopschool.net

Infant of Prague Catholic School APPLICATION FORM

The information in this area will be entered in the School Speak / School Messenger system. All entries must be complete and legible.

PROGRAM OPTIONS - All students must be fully potty trained

3 year old program (must be 3 years old BEFORE August 31, 2020)

Monday, Wednesday & Friday 7:30am-11:15am

4 year old program (must be 4 years old BEFORE August 31, 2020)

Monday, Wednesday & Friday 7:30am-11:15am

Monday, Tuesday, Wednesday, Thursday & Friday 7:30am-2:15pm

FATHER INFORMATION

Name _____

Street Address _____

City _____

State _____ Zip Code _____

E-mail _____@_____.

Cell Phone (_____) _____ Carrier _____

Home Phone (_____) _____

Work Phone (_____) _____

Occupation _____

Place of Employment _____

Religion _____

Place of Birth _____

MOTHER INFORMATION

Name _____

Street Address _____

City _____

State _____ Zip Code _____

E-mail _____@_____.

Cell Phone (_____) _____ Carrier _____

Home Phone (_____) _____

Work Phone (_____) _____

Occupation _____

Place of Employment _____

Religion _____

Place of Birth _____

FAMILY INFORMATION

Status of parents Married Single Divorced Separated

Student resides with Both Parents Mother Father Other: _____

Primary custodial parent: _____ Does other parent have legal access? Yes No

Please list brothers and sisters with current age and grade (if in school):

Name _____	Age _____	Grade _____	Name _____	Age _____	Grade _____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Active Catholics Parish where registered _____

Registration number (found on the weekly envelopes) _____

STUDENT INFORMATION

Legal Last Name _____ First Name _____ Middle Name _____

Date of Birth ___/___/_____ Place of Birth (City, State) _____

Ethnic Background
 Hispanic/Latino Yes No and Asian White
 Native American Two or more races
 Black Unknown

Religion Catholic Hawaiian/Pac Islander

Baptism - Date ___/___/_____

Location (Church, City, State) _____

Other Religion: _____

Has your child received prior evaluation for learning disorders or received special education services including counseling, special education placement or ancillary support services? No Yes If yes, please attach all related documentation including any IEP paperwork from previous schools.

Applications will not be reviewed without the documentation listed above.

MEDICAL INFORMATION

The following information is used in the case of an emergency. Please be sure information is legible and specific.

Medical Conditions: No Yes Explain: _____

Allergies: No Yes List Allergies: _____

Medications: No Yes Explain: _____

Only medications prescribed by a physician may be administered by the teacher. Authorization forms are required and are available on SchoolSpeak.

EMERGENCY CONTACT: In the case of injury or illness parents will be telephoned first. In the event a parent is not able to be reached, the following individuals will be called.

Contact 1 _____ Relationship _____ Phone _____

Contact 2 _____ Relationship _____ Phone _____

Students will be released to father, mother, sibling, emergency contacts and anyone who is authorized on this form. Parents must make additions or subtractions to this list in person or in writing.

AUTHORIZED PICK UP LIST: persons other than parents who are authorized to pick up child. ID will be required.

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____