Dear Parent,

Thank you for beginning the on-line registration process. Please return the following pages filled out and signed to the main office of at:

Notre Dame Elementary School, Application Paperwork
11 Barton Avenue
Utica, NY 13502

In the envelope please make sure to include the following:
1. Tuition Policy Signature Form
2. Transportation Request Form
3. Textbook Request Form
4. Physical Form
5. Birth Certificate
6. Authorization for Release of Records
7. Hospital Emergency Form
8. Photo Release Form
9. Application fee of $50 (Checks can be made payable to Notre Dame Schools)

Please make sure you have enrolled with Smart Tuition online at www.enrollwithsmart.com. Your application is not complete without submitting this form. If you need to apply for financial aid the website is https://online.factsmgt.com/signin/3M8ZF. The deadline for financial aid is February 15, 2019.

Should you have questions, please call Vicki Maio at (315) 732-4374. Welcome to our Notre Dame family.

Sincerely,

Mrs. Mary Rossi
Principal
Application Form for New Admission 2019-2020

---Please Print---

Applying for new admission to the Notre Dame Elementary School:

Grade Entering: (Circle One) K 1 2 3 4 5 6

Student Name ___________________________________________ DOB ___________ Place of Birth ___________

Last First Middle

City ___________________________ State ___________ Zip ___________

Male _______ Female _______

Religion ___________________________

Parish ___________________________

Other Children Applying to this or other Catholic Schools 2019-2020:

Name _______________________________________ School __________________________

Grade Entering _______ DOB ___________

Name _______________________________________ School __________________________

Grade Entering _______ DOB ___________

Name _______________________________________ School __________________________

Grade Entering _______ DOB ___________

Student lives with: Both Parents _______ Mother _______ Father _______ Other (please specify) __________________________

Parental Information:

Tuition Billing Address - mail to: __________________________________________________________

E-mail address __________________________

Note: Both parents have a right to school information regarding the student unless one parent presents a legal document that does not permit this.

Mother’s Information: Mother/Guardian’s Name_________________________ Religion __________________________

Address ___________________________________________ City ____________________ State ___________ Zip ___________

Home Phone ___________________________ Cell Phone ___________________________ Work Phone ___________________________

Mother/Guardian’s Occupation ___________________________ Employer’s Name ___________________________

Father’s Information: Father/Guardian’s Name_________________________ Religion __________________________

Address ___________________________________________ City ____________________ State ___________ Zip ___________

Home Phone ___________________________ Cell Phone ___________________________ Work Phone ___________________________

Father/Guardian’s Occupation ___________________________ Employer’s Name __________________________

Person Responsible for Payment of Tuition – must complete items 1-3 in order to register your child.

1) Name_________________________ Address_________________________ City ___________ State ___________ Zip ___________

Home Phone ___________________________ Employer’s Name ___________________________ Work Phone ___________________________

Social Security # ___________________________

2) Please enclose a $50 NON-REFUNDABLE BUILDING APPLICATION FEE with all forms and return to Notre Dame Elementary School.

3) It is agreed that tuition will be paid as indicated on SMART Tuition Enrollment form.

Signature of person responsible for tuition ____________________________

1/8/2019

A-2
Student’s Name: ____________________________________________

If Student is Catholic, please complete the following:  

<table>
<thead>
<tr>
<th>Baptism</th>
<th>First Penance</th>
<th>First Eucharist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Church</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Pre-K and K -- If available – please attach copy of Birth Certificate and Baptismal Certificate.

Public School District in which the student resides ___________________________ Bus Transportation _____ Yes _____ No

Current School ____________________________ Grade ______

Reason for Leaving ____________________________________________

Custody: This school assumes that both parents have full parental and residential custody. If this is not the case, it is the responsibility of the parents to provide the school with that portion of the divorce decree or separation agreement that articulates parental and residential custody. Should any changes occur during the year, please inform the school.

_____ Please check here if the school should expect a custody document.

Ethnic background of student (optional) ____________________________________________

This information is used to complete the New York State Basic Educational Data Systems report that all public and nonpublic schools are required to submit.

Academic Information:

_____ Unofficial copies of transcripts and reports have been requested or are attached for admission purposes. Acceptances are not final until records have been reviewed by the principal.

Does the student have a Behavioral Intervention Plan? _____ Yes _____ No. If yes, what are the terms of that plan? Please provide the school with a copy of that plan. Please specify below:

Does the student require any particular accommodations to facilitate his or her participation in the educational program offered by the school, other than what has been indicated in the question above? _____ Yes _____ No. If yes, what are those accommodations? Please specify below.

Has the student ever been tested for learning problems? _____ Yes _____ No.

Has testing for learning problems ever been suggested? _____ Yes _____ No.

Does the student have an IEP or IESP? _____ Yes _____ No.

Does the student have a 504 Accommodation Plan? _____ Yes _____ No.

Please authorize copies of these documents to be sent to the School.

Is the student currently taking medications? _____ Yes _____ No. If yes, please specify: ____________________________________________

Does the medication need to be administered during the school day? _____ Yes _____ No. If yes, when? ____________________________

Emergency Contacts

Name ____________________________________________ Relationship ____________________________

Home Phone ____________________________ Work Phone ____________________________ Cell Phone ____________________________

Name ____________________________________________ Relationship ____________________________

Home Phone ____________________________ Work Phone ____________________________ Cell Phone ____________________________

Name ____________________________________________ Relationship ____________________________

Home Phone ____________________________ Work Phone ____________________________ Cell Phone ____________________________
**Application for New Admission**

**Page 3 of 4**

Student’s Name: ______________________________________________

---

**Financial Information:**

<table>
<thead>
<tr>
<th>GRADE</th>
<th>1ST Student</th>
<th>2ND Student</th>
<th>3RD Student</th>
</tr>
</thead>
<tbody>
<tr>
<td>K - 6</td>
<td>$4,865</td>
<td>$4,535</td>
<td>$4,235</td>
</tr>
</tbody>
</table>

**FEES:** $50 Non-Refundable Building Application Fee

---

**2019-2020 TUITION PAYMENT POLICY:**

1. A student may not begin in September if there is past due tuition owed.
2. A Smart Tuition payment plan must be in place in order for a student to start the new school year.
3. The privilege of participating in graduation ceremonies may be suspended if tuition is not paid in full.
4. Personal checks will not be accepted for past due tuition during the month of June and again after August 15th.
5. In the event that tuition is left unpaid, the school will refer your tuition account to our collection attorney and you will be responsible for all collection related fees.

---

I/We have read the tuition and payment policy of the school. I/We are responsible to make tuition and fee payments for the student whose name is on this application, less any financial aid granted for the 2019-2020 school year.

I/We understand that the school must be informed of any physical, mental or emotional limitation known by the parents that could affect appropriate placement. Providing inaccurate or incomplete information during the application process will result in non-acceptance or dismissal from the school. Classroom placement is determined by the school.

I understand that the Student Handbook contains the official policies and procedures of the school.

Mother/Guardian’s Signature ___________________________ Date _____________

Father/Guardian’s Signature ___________________________ Date _____________

---

***Complete the section below only if someone other than a parent will be responsible for the student’s tuition.***

Name(s) of the person(s) responsible for tuition if other than a parent___________________________

Name________________________________________ Home Phone_______________________

Address________________________________________ Social Security #__________

Employer __________________________________ Work Phone _______________________ Cell Phone__________

I have read the tuition and payment policy of the school. I am responsible to make tuition payments for the student whose name is on this application, less any financial aid granted, for the 2019-2020 school year according to the option selected above.

Signature of Person Responsible for Tuition Other than a Parent _____________________________ Date _____________

---

This school is fully committed to fostering an educational community that is free from discrimination based on race, national origin, skin color, disabilities, age or gender, except as concerns any matter for which there is a statutory or judicially recognized exception for religious institutions.
The Mission of Jesus Christ…”go therefore and make disciples of all nations…teaching them to observe all that I have commanded you.”

WE ASK FOR YOUR GENEROUS SUPPORT OF AND PARTICIPATION IN OUR MISSION…The Notre Dame Schools of Utica carry out the mission of Jesus Christ bearing witness while proclaiming the Gospel message. Together with families and parishes, our schools provide an education rooted in the Gospel that is “living, conscious, and active” including values and ideas that are in accordance with the teachings of the Roman Catholic Church. We empower our students to live their faith with compassion, integrity, and respect for all life and the diversity of our world.

Our schools are faith-centered communities focused on promoting academic excellence while developing a strong moral conscience and embracing Catholic principles to enable students to meet lifelong challenges and demands in a rapidly changing world.

Your financial support will assist in offsetting the cost of educating students at Notre Dame Elementary School. Currently, the average per pupil cost is over $8,800. As you can see from the tuition rate that is charged to our families, every student is subsidized by the school, the parish(es) and the Diocese. We depend on your prayerful support and appreciate your financial support. All contributions are 100% tax deductible.

______ Yes, I wish to contribute $_________ and will pray for the students and staff of Notre Dame Elementary School. My contribution will be added to my tuition statement.

______ I will pray for the students and staff of Notre Dame Elementary School, however, I am unable to make a financial gift at this time.
Transportation Request

Complete this form only if you are requesting transportation for the coming school year.

Family Name:__________________________________________

Address:______________________________________________ Phone:________

____________________________________________________
City State Zip

Residing in:__________________________________________ Public School District

Attending:__________________________________________School

Student’s Name:________________________________ Grade ______

Student’s Name:________________________________ Grade ______

Student’s Name:________________________________ Grade ______

Student’s Name:________________________________ Grade ______

This is to certify that I hereby appoint the principal of the above-mentioned school to act as my authorized representative to request transportation to and from school under the provision of the Speno Act for the students mentioned above.

This authorization shall remain in effect while I have my child(ren) in attendance at this school or until I expressly revoke it in writing.

____________________________________________________
Signature of Parent or Guardian Date

Note: The school must present this request to the public school district by April 1. It is imperative that this signed form be returned to the school no later than Friday, March 22.
Textbook Request

Family Name: ____________________________________________________________

Address: ____________________________ Phone: ____________________________

________________________________________
City State Zip

Residing in: _______________________________Public School District

Attending _________________________________School

Student’s Name: ___________________________ Grade _____

Student’s Name: ___________________________ Grade _____

Student’s Name: ___________________________ Grade _____

Student’s Name: ___________________________ Grade _____

Student’s Name: ___________________________ Grade _____

I, the undersigned, request that the above-mentioned school district loan to my child(ren) the textbooks required for his/her/their education and hereby authorize the principal of the school to act as my agent in the implementation of this request.

This authorization shall remain in effect while my child(ren) are attending this school, unless I expressly revoke it in writing.

I understand that all books loaned to my child(ren) are to be maintained in good condition, and that said child(ren) will be responsible for the loss or excessive dame to these books.

________________________________________  ____________
Signature of Parent or Guardian           Date
PHOTO RELEASE FORM

I hereby give my consent to Notre Dame Schools to photograph, film, videotape and then use, reproduce, and publish said images of me and/or my child/children.

___________________________________________________________________
(Please print name)

___________________________________________________________________
(Please print child’s name)

I hereby release Notre Dame Schools the right to:

- Share images of me and/or my child/children on the organization’s website, social media pages, or printed material
- Distribute images of me and/or my child/children to media outlets

___________________________________________________________________
Signature                                      Date

___________________________________________________________________
Signature for minor child

___________________________________________________________________
Organization

___________________________________________________________________
Address

Internal Use Only
Date Filed _______
Initials _______
# Physical History on Registration

<table>
<thead>
<tr>
<th>Name of Child</th>
<th>Address</th>
<th>Birthdate and Place</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent’s Names</th>
<th>Place of Employment</th>
<th>Tel. No. Home/Work</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Doctor to be Called in Case of Emergency**

Name, Address, Telephone

Dentist’s Name________________________ Last Visit________________________

**Physical History:**

What diseases has child had? (Give dates)

<table>
<thead>
<tr>
<th>Disease</th>
<th>Yes</th>
<th>No</th>
<th>Explain</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chickenpox</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rheumatic Fever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Throat Infection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scarlet Fever</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart Disease</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pneumonia</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear Infection</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Epilepsy</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does your child have allergies, asthma?________________________

Does your child take medication?________________________

If yes give name of medication, dosage and for what condition.

Has your child ever had an accident, operation or x-rays?________________________

Does your child have any handicap or limitation that the school should know of?________________________

Is there anything about the eyes, ears, teeth or general health of your child that the school should know of?________________________

**Emergency Care:**

In case your child is injured or becomes ill during school hours we will contact you immediately by phone. If that is not possible please state below what action you wish the school to take and the name of the hospital for emergency service to your child:

Name & Telephone of Person to Contact:________________________

Name of Hospital Emergency Room:________________________

Date:________________________ Signature of Parents/Guardian:________________________

---

The Utica City School District is an equal-opportunity organization that does not discriminate on the basis of race, creed, sex, age, handicapping condition, or national origin in admission or access to, or treatment or employment in, programs and activities.
# PHYSICAL EXAMINATION FORM

To the parent/guardian:

State Education Law, Sec. 903, MANDATES: A Health Certificate shall be furnished by each pupil in the public schools upon his/her entrance in such schools and by each child entering Pre-K, Kindergarten, 2nd, 4th, 7th and 10th grade thereof. An examination of any child may be required by the local school authorities at any time in their discretion to promote the educational interests of such child.

Public Health Law, Sec. 2164, REQUIRES immunization against measles, mumps rubella, diphtheria, polio, hepatitis b, and chicken pox (varicella). This means that every child entering school must present a certificate indicating that he/she has been immunized against all of these diseases.

To the examining physician: Please complete the form below.

<table>
<thead>
<tr>
<th>Name of pupil</th>
<th>Address</th>
<th>School</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of exam</td>
<td>Gender</td>
<td>DOB</td>
<td>HT</td>
</tr>
</tbody>
</table>

Lead ___ BMI ___ Check one: □ Less than 5th □ 15th through 49th □ 50th through 84th
□ 85th through 94th □ 95th through 98th □ 99th and higher

Eyes ________________________________  Ears (otoscope) ________________________________
Lymph Nodes ________________________________  Thyroid ________________________________
Nose ________________________________  Tonsils ________________________________
Teeth (temp) ________________________________  Gums ________________________________
(perm) ________________________________  Heart ________________________________
Lungs ________________________________  Hernia ________________________________
Orthopedic (struct) ________________________________  Genito-urinary ________________________________
(post) ________________________________  Nervous system (epilepsy) ________________________________
Skin ________________________________  Speech ________________________________
Nutrition ________________________________  Other ________________________________

Specify current diseases (Check ALL that apply): □ Asthma □ Diabetes, Type 1 □ Diabetes, Type 2
□ Hypertension □ Hyperlipidemia

Any special recommendation/remarks? __________________________________________________________

<table>
<thead>
<tr>
<th>Diphtheria (DTP) vaccine dates:</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Tdap</th>
</tr>
</thead>
<tbody>
<tr>
<td>Polio (OPV) vaccine dates:</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles vaccine dates:</td>
<td>1</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measles disease date:</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mumps vaccine date:</td>
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<td></td>
<td></td>
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<tr>
<td>Mumps disease date:</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Rubella vaccine date:</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Rubella disease date:</td>
<td></td>
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<td></td>
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<tr>
<td>HIB vaccine date (Pre-K):</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Hepatitis B vaccine date:</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Varicella vaccine date:</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Varicella disease date:</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Physician’s signature ________________________________ Date ________________________________

*Please return completed form to the School Nurse.*
Authorization for the Release of Records

__________________________
Date

This document authorizes ____________________________________________
Name of School or District

To release the following records of ______________________________________
Name of Student

DOB: ___________ to Notre Dame Elementary School.

_____ Academic Records
_____ Testing Records
_____ Psychological Records
_____ Health Records
_____ I.E.P.
_____ I.E.S.P.
_____ 504 Plan
_____ Other (specify) ______________________________

Parent’s Name: __________________________________________
< Print >

Address: __________________________________________ Phone: _________

__________________________
City State Zip

__________________________
Signature
EMERGENCY FORM

In case of emergency, if I am not available at the time, I authorize the administration of Notre Dame Elementary School to seek medical assistance for my child and to bring him/her to the emergency room of St. Elizabeth Hospital, Genesee Street, Utica, New York.

This authorization shall remain in effect for as long as my child attends Notre Dame Elementary School or revoked in writing by me.

Dated

________________________________________
Signature