

St. Benedict the Moor Catholic School
Returning Student Application Check Sheet
2023-24

Grades K-8

Do you have the following before handing in Registration?

Complete and submit the student application with applicable fees.

Registration is \$50.00 per student and \$75.00 per family 2 or more

☒ **Renewal Forms for the Edchoice Scholarship Program are available in the school office or you should have received them in the mail. Please have your child's(ren) EdChoice Scholarship **Renewal form(s) with a current utility bill and income verification form in the office by March 31, 2023. If Edchoice renewal is not renewed your child(ren) will lose their scholarship for next school year or you will be asked to pay tuition \$5500.00 each student.****

The application process is not complete until all items listed above have been received by **March 31, 2023.**

St. Benedict the Moor Catholic School Office
138 Gramont Avenue, Dayton, Oh 45417 937.268.6391
School Office Hours: Mon-Fri 8:00am-4:00pm
Office Manager

St. Benedict the Moor School, Dayton, Ohio 45417
Returning Student Registration, School Year 2023-24

This registration form is for families and students currently attending St. Benedict the Moor Catholic School. We have a good school with excellent academic and spiritual programs. Please consider registering as soon as possible to insure your children's place for the 2023-24 school year.

1. Family Name _____
Address _____
City _____
Daytime Phone _____ Evening Phone _____
Email Address _____ (REQUIRED)

2. Please identify the public school district your child/ren would attend if they were not enrolling at St. Benedict. This information is **very important** as it assists us when clarifying transportation and other information.

_____ School Building

_____ School District

3. Please list the names of all the students who will be re-enrolling. **Please do not include preschool children, new kindergarteners, or new students. Do include those already enrolled who will be returning next year.**

Name

Current Grade

<u>Name</u>	<u>Current Grade</u>
_____	_____
_____	_____
_____	_____

4. **This registration must include a parent/guardian signature and a registration fee of 50.00 per student and \$75.00 per family fee is due at the time the application is submitted to the office.**

5. Money orders, cash debit/credit cards.

6. I am in agreement with all of the above stated information and my registration fee is included.

7. I give permission for my son/daughter's picture or quotation to be used by this school and/or Archdiocese of Cincinnati in promotion of this school, the Archdiocese, and /or Catholic Education.

Signature

Date

Thank you for making the decision to continue Catholic education at St. Benedict the Moor School.

Debra Johnson, Principal



Admissions Application
St. Benedict the Moor Catholic School
 138 Gramont Avenue, Dayton, Ohio 45417
 Phone: 937.268.6391 Fax: 937.268.9775
www.stbenedictdayton.org

Emergency Authorization (Updated Annually) Page 1 of 2

Last:		First:		Middle:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Height:	Weight:		Birthdate:
Teacher:		Grade:		Home Phone:	
Address:					
Father's Name:			Work or Day Phone:		
Cell:			Email:		
Mother's Name:			Work or Day Phone:		
Cell:			EMAIL:		
Legal Guardian:			Student Lives With (include relationship):		

Instructions: Parent/Guardian to complete either **Part I** or **Part II** of this form and return to your child's school within 10 days after you receive it.

Purpose: To enable parent(s) to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents/guardian cannot be reached.

PART I or PART II MUST BE COMPLETED

PART I – Grant Consent

In the event that reasonable attempts to contact me (at the above numbers) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the following health care providers, or if the designated provider is not available, by another licensed health care provider or dentist; (2) the transfer of the child to any hospital reasonably accessible.

Health Care Provider/Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Preferred Local Hospital _____

This authorization does not cover major surgery unless the medical opinions of two other licensed physician or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history (include allergies, medications being take, and any physical impairments to which a health care provider should be alerted): _____

Date: _____ Parent Signature: _____

PART II – Refusal to Consent (DO NOT complete if you have completed Part I)

I do not give consent of emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish that school authorities take no action or to: _____

Date: _____ Parent Signature: _____
 (Turn over and complete other side)

**Emergency Authorization Continued Page 2 of 2
Health Information (Updated annually)**

Student's Name: _____ Grade: _____ Rm. _____

Additional emergency numbers if parents cannot be reached:

Name	Relationship	Home Phone	Work Phone	Cell Phone
1)				
2)				
3)				

Please complete the following health questionnaire regarding your child. The information will be reviewed by the school nurse and shared with school personnel as necessary (with permission – see below).

Does your child have any of the following (Please circle yes or no)?

	YES	NO	Comments
Significant Health History			_____
Asthma			_____
ADD/ADHD (circle which)			_____
Seasonal Allergies			_____
Non – Life Threatening Allergies (food, insect,)			_____
Life Threatening Allergies (anaphylaxis)			_____
Bleeding Disorder			_____
Cancer			_____
Diabetes			_____
Eating disorder, anorexia, bulimia, obesity			_____
Hearing Concerns			_____
Heart (cardiac) condition			_____
Kidney/bladder condition			_____
Mental health concerns(depression, anxiety, fears etc.)			_____
Seizure Disorder			_____
Neurological condition (involuntary muscle movement, uncontrollable speech, etc.)			_____
Speech Delay			_____
Vision Concerns			_____
Other Chronic Health Concern not listed above			_____

Does your child require any of the following (Please circle yes or no)?

	YES	NO	Comments
Glasses			_____
Contact Lenses			_____
Hearing aids			_____
Prosthesis			_____
Medication at school			_____
If yes, please list:			_____

Does your child require special health care needs? YES NO

If yes, the school nurse will contact you to develop a school based health plan.

If yes to any of the above, please explain: _____

Permission to share above Health Information with school personnel as needed? YES NO

Date: _____ Parent Signature: _____

(Turn over and complete other side)

EDCHOICE SCHOLARSHIP PROGRAM 2023-2024 RENEWAL FORM

STUDENT INFORMATION	***Student data MUST match the Birth Certificate***	
	NAME: _____ (First) (Middle) (Last)	
	DATE OF BIRTH: _____	GENDER: <input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
	GRADE STUDENT WAS IN ON JANUARY 1, 2023: _____	
	SCHOOL CURRENTLY ATTENDING: _____	
WHAT SCHOOL DISTRICT DO YOU LIVE IN?: _____		

PARENT/GUARDIAN SIGNING SCHOLARSHIP CHECKS

I AM THE (CHECK ONE) Natural Parent Residential Parent Adoptive Parent Student who is at least eighteen years of age
 Legal Guardian of student applying for scholarship funds (court documents or Affidavit of Eligibility required)

PRIMARY PARENT/GUARDIAN	NAME: _____ (First) (Middle) (Last)
	DATE OF BIRTH: _____ LAST FOUR DIGITS OF SSN: _____
	PHYSICAL ADDRESS: _____
	CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____
	PHONE NUMBER: _____ EMAIL ADDRESS: _____
	RELATIONSHIP TO STUDENT: _____

SECONDARY PARENT/GUARDIAN	NAME: _____ (First) (Middle) (Last)
	DATE OF BIRTH: _____ LAST FOUR DIGITS OF SSN: _____
	PHYSICAL ADDRESS: _____
	CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____
	PHONE NUMBER: _____ EMAIL ADDRESS: _____
	RELATIONSHIP TO STUDENT: _____

Return to the private school with a copy of current utility bill showing matching service and mailing addresses.

EDCHOICE SCHOLARSHIP PROGRAM 2023-2024 RENEWAL FORM

ATTENTION: Income verification is required for all scholarship applicants who want to be considered for low-income status.

INCOME	<p>***Check below to indicate your intent to complete the income verification process.***</p> <p><input type="checkbox"/> Yes, I believe that I qualify for low-income status. To complete the Income Verification process, parents may submit online using the secure Income Verification system or click here to complete and mail the paper form. Emailing documents is NOT permitted.</p> <p><input type="checkbox"/> No, I am not interested in applying for low-income status. I either: 1) do not qualify for low-income status or 2) do not want my income verified by the program.</p>
ADDRESS VERIFICATION	<p>***Proof of residency is required of all renewal applicants and must be submitted to the school with the application.***</p> <p>Parents/Guardians must document residency by providing the school with a current (less than 90 days old) utility bill. The utility (electric, gas, water, sewer, cable/internet) bill MUST SHOW MATCHING SERVICE AND MAILING ADDRESS in the name of the parent/guardian. Post office boxes (except in rural areas where residents only have a PO Box) and cell phone bills have no service address and therefore are not accepted.</p> <p><i>Other Acceptable Documents:</i> A monthly mortgage statement (less than 90 days old) OR lease/rental agreement (signed by lessee and lessor) AND a piece of current business mail (examples: pay stub, bank statement, insurance statement, car payment statement, etc) with parent/guardian's name and address.</p> <p>***Additional information can be found on the scholarship webpage.***</p>

2023-2024 EDCHOICE PARENT AGREEMENT

I _____ AGREE TO THE FOLLOWING:
(Parent Name)

- The information provided in this application is true and correct.
- I have supplied the chartered nonpublic school with a certified copy of the student's birth certificate, copies of all custody/guardianship documentation for the student, and proof of my address.
- I have submitted only one EdChoice application for this student.
- The scholarship amount shall only be applied to the tuition of the enrolling school, and I may be required to pay other fees and costs as prescribed by the policies of the school.
- I will sign all scholarship checks received by the private school for my student in a timely manner. I understand that if I fail to endorse the scholarship checks to the school, I will be responsible for paying the student's tuition.
- If I transfer my scholarship to another participating chartered nonpublic school, I will notify the school of my intent to withdraw and I will return to the original school to sign any remaining checks.
- I will apply for any and all financial aid or tuition discounts and adjustments made regularly available to the students attending the school in which the student is accepted for enrollment.
- I will abide by the Ohio Department of Education (ODE) dispute resolution process outlined in Ohio Administrative Code Section 3301-11-14.
- If I am not a low-income parent or did not complete the income verification process, I will be responsible for paying any difference between the scholarship amount and the tuition of the chartered nonpublic school.
- I must inform ODE and the chartered nonpublic school of any change in the student's residential address or custody status.
- I will not be able to renew my child's scholarship if: 1) my family moves to another public school district unless my child would be assigned to an EdChoice designated public school in the new district (applicable only to students who were initially awarded a scholarship based on an EdChoice designated building); 2) my child does not complete all required assessments; 3) my child has more than 20 unexcused absences for the school year; or 4) I fail to complete the renewal process. If my child received an EdChoice Expansion scholarship, I must maintain Ohio residency.
- I have received and understand the policy handbook of the chartered nonpublic school and will abide by its provisions.
- I understand that if my child's scholarship has been awarded in error, it will be terminated immediately, and I would then be responsible for paying the tuition if I decide to keep my child at the private school.

I designate _____ to submit an application on my behalf for the Scholarship Program
(Name of Private School)

through the Ohio Department of Education's electronic application system. BY SIGNING BELOW, I AGREE TO THE ABOVE STATEMENTS.

Signature of Parent/Legal Guardian signing the tuition check

Date Signed

Return to the private school with a **copy of current utility bill** showing matching service and mailing addresses.