

ANNUNCIATION

WELCOMES YOU! 2023-2024 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!) _____
City _____ FL 32 _____	Main phone numbers (with area code, if not 904) of family _____
Zip _____	
<input type="checkbox"/> Sacred Heart/FI <input type="checkbox"/> St. Catherine <input type="checkbox"/> St. Luke <input type="checkbox"/> MQH	
<input type="checkbox"/> Not Catholic	↑ Other religious affiliation or practice in home ↑



"Bulk Buy-In" Bulk Supply Option for Student Supply Lists (Deadline July 31, 2023):

- ____ **Yes**, bill my Family Portal \$40 for the "Bulk Buy-In" for each student in our family.
(Making a payment on Family Portal alone does not place this order. Wait for bill to appear based on your "Yes.")
- ____ **No**, we will purchase the "All Students Purchase" and the "Bulk Buy-In" items 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

2023-2024 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.

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.

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.

I/we hereby certify that I/we have read the foregoing and the following, 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.

Therefore, our/my child/ren may be filmed or photographed...

- Yes ☐ No ☐ 1. for any of the Angel News shows, which may be shown on (private) Families-Only Facebook page.
Yes ☐ No ☐ 2. for the school newsletter.
Yes ☐ No ☐ 3. for the public Facebook and Instagram pages.
Yes ☐ No ☐ 4. marketing publications for the school.
Yes ☐ No ☐ 5. print and television journalism.

Any "No" answer requires parent to explain to student why he/she may be asked to step out of group pose at photo time or will have an angel emoji placed over his/her face at time of publication.

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 2023-2024 school year.

Student name _____ will receive ☐ **1st Reconciliation** ☐ **1st Eucharist** at our family's parish during the 2023-2024 school year.

Student name _____ will receive ☐ **1st Reconciliation** ☐ **1st Eucharist** at our family's parish during the 2023-2024 school year.

Student name _____ will receive ☐ **1st Reconciliation** ☐ **1st Eucharist** at our family's parish during the 2023-2024 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.

Registration agreement/signatures on reverse

ANNUNCIATION

2023-2024 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 _____ Enrollment in Kindergarten requires successful completion of a Pre-Kindergarten program. ☐ 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 2022-2023 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). Family must 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 2023-2024 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)

Primary Email (frequently checked for school messages)

Occupation/Employer

(_____) (_____) _____
Cell Phone Work Phone

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

Primary Email (frequently checked for school messages)

Occupation/Employer

(_____) (_____) _____
Cell Phone Work Phone

Additional Parent/Guardian (not living with student)

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

Additional Parent/Guardian Primary Email

Additional Parent/Guardian Occupation/Employer

(_____) (_____) _____
Additional Parent/Guardian Cell Phone & Work Phone

Additional Parent/Guardian (not living with student)

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

Additional Parent/Guardian Primary Email

Additional Parent/Guardian Occupation/Employer

(_____) (_____) _____
Additional 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.**

1. Name _____ Relationship to Student _____
Cell Phone _____ Other Phone _____
2. 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 _____ FTM _____
Provide Scholarship Documents: SUFS/AAA _____ Award Letter _____ FES-UA Student ID # _____ Hope ID # _____
Parish Scholarship Form _____ Multi-Child Scholarship Form _____ 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

2023-2024

Annual Tuition
\$8,000.00 per student

Family Payment & Scholarship Election

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

State and *Private Scholarship Families

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 award checks or approving online 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.

Student Name	SUFS-FES-EO	SUFS-FES-UA	SUFS-Florida Tax Credit	AAA-FES-EO	AAA-FES-UA	AAA-Florida Tax Credit	*Folds of Honor	Office Use
_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	

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

Self-Paying Families

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

Indicate **X one** of the following statements **and** select **one** from the next ① ② ③ options:

____ Our family will enroll in FACTS Tuition Management, at <https://online.factsmgt.com>.

____ Our family has a FACTS Tuition Management account.

Printed Name & Signature of Person Responsible for Financial Obligation

_____/_____/202____
Date

Printed Valid Email Address for Billing

Office Use

Confirm
Payment

Plan:

F-_____

①

____ Our family wishes to be considered for the **Annunciation Interparish Tuition Scholarship**.

Please notify our pastor at _____ Catholic Church of our desire to utilize this scholarship. We understand that Annunciation will bill us according to his decision. This scholarship can not be used with state or multi-child scholarships.

Office Use

Parish?

②

____ Our family has **one** student at ACS. We do **not** qualify for any of the scholarships.

____ We understand that our financial obligation for this year is \$_____.

③

____ Our family qualifies for **Annunciation's Multi-Student Scholarship**.

____ We understand that our financial obligation for this year is \$_____.



2023-2024

Annunciation Catholic School

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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: ____/____/2023

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.

