



ADMISSIONS APPLICATION PORTFOLIO CHECKLIST

Student's name: _____

Please thoroughly complete the attached application for admissions and return all items included in the packet. Check each item returned below and sign and return this checklist with your application.

School forms and information

- Completed application
- Commitment Contract
- Parent involvement agreement
- Non-refundable deposit
- Copy of birth certificate
- Immunization record
- Photo release
- Permission to pick up
- Medication authorization (if needed)

Historical records/information

- Prior school records (special education records/evaluations, previous IEP)
- Previous psychological or Educational testing

Parent Signature _____ Date _____

School Representative _____ Date _____

Place this Application Portfolio Checklist on top of your completed Application for Admissions Packet and return all documents to:

St. Dominic Savio Academy
PO Box 23716
Tempe AZ 85285



OFFICE USE ONLY
App Rec'd _____
Deposit paid: _____
Tour: _____
Start Date: _____

APPLICATION FOR ENROLLMENT

St. Dominic Savio Academy does not discriminate on the basis of gender, race, or national origin.

STUDENT INFORMATION

Child's Name: _____
(First) (Middle) (Last)

Date of Birth: _____ Male Female

PARENT INFORMATION

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Employer: _____ Title: _____

Parent/Guardian: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email: _____

Employer: _____ Title: _____

SIBLINGS:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

APPLICANT'S HISTORY

School Last Attended by Applicant

Name:

Address:

Phone:

Email:

MEDICAL INFORMATION

Is the student currently on any medications? ___Yes ___No

If YES, please list medications:

TYPE OF MEDICATION	DOSAGE	ADMINISTRATION TIME	PURPOSE

Have there been any recent changes to the student's medication? ___Yes ___No

If YES, please explain:

Are there any other medical conditions to consider? ___Yes ___No

If YES, please explain:

Student's primary physician: _____ Phone: _____

EDUCATIONAL AND THERAPY INFORMATION

What services is the student currently receiving?

Public school

Name of school: _____

Current IEP? ___Yes ___No

If yes, please attach the current IEP

Private school

Name of school: _____

Current IEP? ___Yes ___No

If yes, please attach the current IEP

Preschool/Daycare

Name of school: _____

Home school

Early intervention program

Services: _____

Other therapies/services (includes speech and OT)

Please describe:

BEHAVIORAL ASSESSMENT

Please list any behaviors that the student has displayed that interfere with learning:

<input type="checkbox"/> Attention seeking behaviors	<input type="checkbox"/> Self-injurious behaviors
<input type="checkbox"/> Physical aggression	<input type="checkbox"/> Whine/Cry/Yell
<input type="checkbox"/> Self stimulatory behaviors	<input type="checkbox"/> Escape (running away)
<input type="checkbox"/> Noncompliance	<input type="checkbox"/> Property destruction

Please describe any behaviors marked above:

Frequency (how many times per day/week):

When is the behavior **most** likely to occur?

When is the behavior **least** likely to occur?

How are you currently dealing with the behaviors?

APPLICANT REINFORCEMENT INVENTORY

Preferred edible items:

Preferred drinks:

Preferred video or music:

Preferred games or toys:

Preferred outdoor activities:

At home, what does the student spend most of the time doing?

What does student enjoy most about their current educational setting?

In your opinion, what is your student's greatest strength/coolest attribute/neatest quality?



2010-2011 Contract

_____ I understand that if my personal information (e.g., address) should change, it is my responsibility to notify St. Dominic Savio Academy.

_____ I give permission for my child to take part in all school activities, including sports activities.

_____ I understand that my child's image (photographs, video or voice recordings) may be used for educational purposes and class projects. Permission to use photographs, video or voice recordings for other reasons will be sought separately on an individual basis.

_____ I understand that enrollment requires commitment of one year's tuition of \$22,080. Tuition is based on a year round program M-F, 8:30am-2:30 pm not including designated school holidays and breaks (see school schedule).

_____ I understand that partial tuition is due in advance payable to St. Dominic Savio Academy. \$1840 is due at time of registration to secure a spot in the program, two months tuition, or \$3680 on August 16th, 2010, and the balance due in 9 monthly installments of \$1840 starting September 1st 2009.

_____ I understand that I will be billed a \$15 fee for each returned check.

_____ I understand that if I withdraw my child from school for any reason I must provide written notice 30 days prior to withdrawal. I understand that I will be liable for an early withdrawal fee of 2 months tuition (\$3680) or the remainder of the contract if less than 2 months. If SDSA is able to fill my child's place within 30 days of receiving my written notice I will owe only a \$500 transfer fee.

_____ I understand that should my account balance be paid later than the 10th of the month, I will be charged a \$50.00 late fee. Should my account be more than 30 days delinquent it may be assigned to an outside collection agency and my child may be subject to disenrollment. Disenrollment fees are 2 months tuition or \$3680. Should personal collection efforts be necessary I agree to pay all reasonable costs associated with such efforts.

_____ I understand that disputes arising from services rendered will first be subject to arbitration prior to any other legal action.

_____ If any legal action is taken against St. Dominic Savio Academy or any of its employees, on my child's behalf, and the school or its employees are not found at fault, I agree to pay any attorney fees, court fees, damages or other costs that St. Dominic Savio Academy or its employees should incur in defending itself against such action.

I have carefully read the above Contract and agree to all terms and conditions.

Parent/Guardian Signature and Date

Parent/Guardian Signature and Date

Immunization Form
2010-2011 School Year

CHILD'S NAME: _____ DOB _____

FATHER HOME PHONE ADDRESS	SOCIAL SECURITY # WORK EMAIL
MOTHER HOME PHONE ADDRESS	SOCIAL SECURITY # WORK EMAIL
FAMILY DOCTOR PHONE ADDRESS	HOSPITAL PHONE ADDRESS
ALLERGIES	SPECIAL DIETARY CONDITIONS
MEDICAL CONDITIONS	OTHER SPECIAL CONSIDERATIONS

Attach copy of documented immunization record or exemption notice.

Type of Vaccine	Received					
	mo		day		yr	
(DtaP/DTP) Diphtheria, Tetanus, Pertussis	/	/	/	/	/	/
(DT) Diphtheria, Tetanus	/	/	/	/	/	/
(OPC/IPV) Polio	/	/	/	/	/	/
(MMR) Measles, Mumps, Rubella	/	/	/	/	/	/
(Hib) Haemophilus Influenzae b	/	/	/	/	/	/
(Hep A) Hepatitis A	/	/	/	/	/	/
(Hep B) Hepatitis B	/	/	/	/	/	/
Influenza	/	/	/	/	/	/
(PCV7) Pneumococcal	/	/	/	/	/	/
(VAR) Varicella	/	/	/	/	/	/
(TB) Tuberculosis skin test-include results	/	/	/	/	/	/
Other	/	/	/	/	/	/
Other	/	/	/	/	/	/

In case of injury or sudden illness, _____ should be called first. I hereby give SDSA authority to administer first aid if necessary and authority to seek care for my child at any hospital or doctor's office to render immediate aid as might be required at the time for my child's health and safety. It is understood by me that the expense of this service will be accepted by me.

Parent or Guardian Signature: _____

Parent Involvement Agreement

By enrolling in SDSA, all families agree to commit to 6 hours per month of volunteer work at the school site. Parent involvement hours may be completed by parents, grandparents or other family members. Involvement opportunities include the following, and any other opportunities that may arise:

- Office/clerical work
- Classroom involvement
- Organize/run SCRIP program
- Arrange field trips
- General organization (classroom, office)

For families that are unable to make this commitment, an additional \$500 is due at the time of enrollment.

By signing below, I agree to commit to 6 hours per month of parent involvement at SDSA.

Parent signature

Date

Permission to Pick-up

Student Name_____

Parent/Guardian_____

In the event that I am unable to pick-up my child from St. Dominic Savio Academy, I authorize the following individual(s) to pick him/her up from school:

- 1. _____
- 2. _____
- 3. _____
- 4. _____

Parent/Guardian
Signature & Date_____

PHOTO/VIDEO/WEBSITE RELEASE FORM

Dear Parent/Guardian:

On occasion, St. Dominic Savio Academy may wish to photograph and or videotape your student in connection with school programs, projects, and events, and for the school website.

In order to release photographs or videos, we need written permission. To give your consent, please complete the form below.

I, _____ Parent/Guardian of _____, give permission for my child to be photographed and or videotaped by St. Dominic Savio Academy personnel for educational or public relations purposes. I authorize the use and or reproduction by St. Dominic Savio Academy or anyone authorized by St. Dominic Savio Academy without compensation to me/my child. All these photographs/video recordings shall be the property, solely and completely, of St. Dominic Savio Academy. I waive my right to inspect or approve the finished photographs or videotapes.

Signed: _____ Date: _____