



Mary of the Falls School
8262 Columbia Road
Olmsted Falls, Ohio 44138
440-235-4580
Fax: 440-235-6833

**Catholic Tradition.
Academic Excellence.**

Dear Kindergarten Parents,

We are pleased that you have chosen St. Mary of the Falls School for your child's education. We are committed to providing a quality education based on Catholic values. We look forward to working with you and count on your support in continuing our strong Catholic traditions and academic excellence.

Tuition for the 2019-2020 school year for active members of St. Mary of the Falls Parish is \$3,425 for the first child and \$3,125 for the 2nd, 3rd, 4th and 5th child. For a non-subsidizing parish, the non-parishioner rate is \$4,950 per child. Tuition is payable in ten monthly installments beginning July 1. An active parishioner attends Sunday Mass on a weekly basis and supports the parish through weekly use of their church envelopes. Applications for financial assistance are made through FACTS at the following link: www.factsmgt.com

The following procedures will be followed for Kindergarten registration:

1. Registration: You will receive all necessary forms, complete the registration sheet and pay the nonrefundable \$100.00 registration fee.
2. A Kindergarten assessment time will be mailed in the near future (April 16th). (The assessment process is designed to assess your child's visual, auditory, language and motor development. It gives an indication of your child's learning strengths and areas that need reinforcement. The process takes about 60 minutes. Refreshments are provided for parents in the school library while they wait).
3. Immunization records need to be turned in to the school office.

St. Mary of the Falls School gives priority to families who are active parishioners of St. Mary of the Falls Parish. If more children apply than can be accommodated, they will be placed on a waiting list. The school day begins at 7:55a.m. and ends at 2:30p.m. Kindergarten students follow the St. Mary of the Falls uniform dresscode. Schoolbelles provides our school uniforms. Catalogs are available online. St. Mary of the Falls offers before and aftercare. Information is available in the School Office.

We look forward to meeting you and your child at the screening. If you have any questions, please contact the school office at 440-235-4580.

God Bless you,

Annemarie Rajnicek,
Principal

Office of Catholic Education - Diocese of Cleveland - Permanent Record Card



Date Entered:	Student Full Name:	Student ID#:	Gender:
School Name:	Student Birthdate:	Birthplace (City, St., Country)	Class of:
School City:	City	County	Student Parish/City
Student Residential Address	Zip	Phone	Language Spoken at Home

Name of School Student Entered From	School City	School State	Type of School	Entering Grade
Existing Educational Support <input type="checkbox"/> IEP <input type="checkbox"/> Accommodation Plan	Public School District of Residence	Name of Public School in Student Area	Miles to School	
Ethnicity <input type="checkbox"/> Native American <input type="checkbox"/> Asian <input type="checkbox"/> African American/Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Native Hawaiian/Pacific Islands <input type="checkbox"/> White <input type="checkbox"/> Two or More Races <input type="checkbox"/> Unknown/Other <input type="checkbox"/> Do Not Wish to Disclose				

Sacraments	Date	Church, City, State
Baptism		
First Communion		
Confirmation		

Student Lives With	Last Name	First Name	Email Address	Occupation	Employer	Best Contact Number
<input type="checkbox"/> Natural Mother						
<input type="checkbox"/> Natural Father						
<input type="checkbox"/> Custodial M						
<input type="checkbox"/> Custodial F						
<input type="checkbox"/> Legal Guardian/Other						
<input type="checkbox"/> Parenting Plan/Custody Plan - Copy of plan needs to be provided to the school						

Parents/Custodial Parents	Religion	Parent Status
<input type="checkbox"/> Natural Mother		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased
<input type="checkbox"/> Natural Father		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased
<input type="checkbox"/> Custodial M		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased
<input type="checkbox"/> Custodial F		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased
<input type="checkbox"/> Legal Guardian/Other		<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Single <input type="checkbox"/> Remarried <input type="checkbox"/> Widowed <input type="checkbox"/> Deceased

Other Children in the Household/List Names & Birthdates				
1.	2.	3.	4.	5.



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PERMISSION TO RELEASE SCHOOL RECORDS

By my (our) signature below, I (we) as parent(s) or legal guardian of

_____ whose date of birth is _____
(Name of Student) (Date of Birth)

give permission to the principal of _____ School to
(Name of School)

release the following school records of _____
(Name of Student)

to St. Mary of the Falls School, 8262 Columbia Road, Olmsted Falls, OH 44138:

Place a check before the records authorized to be released:

- _____ Grades and academic records
- _____ Psychological assessments and records
- _____ Disciplinary records
- _____ Attendance records
- _____ Medical records
- _____ Testing results and/or evaluations

Witness _____ Date _____ Parent _____ Date _____

Witness _____ Date _____ Legal Guardian _____ Date _____

LETTER TO PARENTS REQUIRED IMMUNIZATIONS

TO: Parents of Transfer Students
FROM: School Health Clinic
DATE: _____
SUBJECT: Immunizations

In order to attend school, your daughter/son must have completed the following immunizations which are required under Ohio Law Sections 3313.671 and 3701.13 of the Ohio Revised Code:

- Four (4) or more doses of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up.
- Effective with the 2012-2013 school year, and each year thereafter, one dose of Tdap (Tetanus, diphtheria and acellular pertussis, adolescent and adult formulation) must be administered prior to entry into the seventh (7th) grade. If one dose of Tdap was part of the initial series, another dose of Tdap will not be required. For students who entered 7th grade in 2010 or 2011, one dose of Td (Tetanus and Diphtheria) is acceptable. There can be seven (7) months of interval since last tetanus or diphtheria-tetanus combination vaccine.
- Three (3) or more doses of OPV or IPV. If the third dose was received prior to the fourth birthday, a fourth dose is required. If a combination of IPV or OPV were received, four doses of either vaccine are required. For students that entered Kindergarten in 2010 or later, the first dose of polio vaccine must have been administered on or after the fourth birthday, regardless of the number of previous doses.
- Three doses of Hepatitis B vaccine. The second dose must be given at least 28 days after the first dose, and the third dose at least 8 weeks after the second dose and at least 16 weeks after the first dose. The last dose in the series (3rd or 4th) must not be administered before 24 weeks of age.
- Two (2) doses of MMR (Measles (Rubella), Mumps, and Rubella (German Measles)) vaccines are required. The first dose must have been received on or after the 1st birthday and the second dose at least 28 days after the first dose.
- In the 2010-2011 school year, one (1) dose of Varicella vaccine will be required for grades 1-4 entry. This requirement is progressive, therefore extended to students in grades 2-5 in 2011, 3-6 in 2012, etc. Beginning with the start of the 2010-2011 school year, and progressively thereafter, all children entering Kindergarten are required to have two (2) doses of varicella vaccine. The first (1st) dose of vaccine must be given on or after the child's first (1st) birthday. The second dose should be administered at least three (3) months after dose 1; however, if the second dose is administered at least 28 days after the first dose, it is considered valid.
- Meningococcal: Beginning with the start of the 2016-2017 school year, all pupils entering the 7th and 12th grade are required to be vaccinated against meningococcal (meningococci A, C, W, and Y disease). One (1) dose of meningococcal (meningococci A, C, W, and Y) vaccine is required prior to entry into the 7th grade. A second (2nd) dose of meningococcal (meningococci A, C, W, and Y) vaccine is required prior to entry into the 12th grade. The second (2nd) dose must be administered on or after the 16th birthday with at least eight (8) weeks between the first (1st) and second (2nd) doses. If the first (1st) dose of meningococcal (meningococci A, C, W, and Y) vaccine was administered after the 16th birthday, a second (2nd) dose is not required. If a pupil is 15 years of age or younger, only one (1) dose is required. This requirement shall be enforced progressively; therefore, the requirement shall be extended to 7th and 12th grade students in 2016, 7 - 8th and 12th grade students in 2017, 7 - 9th and 12th grade students in 2018, 7 - 10th and 12th grade students in 2019, 7 - 11th and 12th grade students in 2020, and 7-12th grade students in 2021.

According to Section 3313.671, on the 15th day after school entrance it will be necessary to exclude all students from school who do not meet the above requirements.

*NOTE: Exceptions are provided for under the law. This can be discussed with the school's nurse.

(ONLY FILL OUT IF YOU ARE DIVORCED)

**St. Mary of the Falls School
Information Regarding Legal Custody**
to be completed as part of the registration/reregistration agreement

Date: _____

Child's Name: _____ Grade: _____

Address of child's residence: _____

Child lives with: _____ both parents
_____ mother as custodial parent
_____ father as custodial parent
_____ grandparent(s) with legal custody
_____ other (Please explain.) _____

Residential parent/guardian:

Name: _____
Address: _____
City, Zip: _____
Phone: _____

Is there a court order (or pending order) affecting the custody and/or residence of the child?

Please attach a certified copy of the entire court order including the case number and those sections referring to visitation rights and contacts with the school. Also include the page bearing the judge's signature and court seal. This copy should include any and all modifications made as of the date of registration of the child in the school. It is also the responsibility of the parents to inform the principal of any subsequent modifications during the child's tenure at the school.

Non-residential parent:

Name: _____
Address: _____
City, Zip: _____
Phone: _____

Does the non-residential parent have visitation rights? _____

Is there a court decision that states that the non-residential parent should NOT receive school information or attend school activities? _____

Is the non-residential parents responsible for paying tuition? _____