



#### Dear Parents,

It's that time of year again. We are starting re-registration of all current K-7 students for the 2018-2019 school year. Some of the classes at Moreland are full, and before we accept external students, we would like to ensure that our existing families have priority and the opportunity to confirm their places.

As we go forward with our plans for next year, it is important for budgetary purposes to know as early as possible, our rate of re-registration. Our Open House was well attended, and we have many new families inquiring about registration for their child for next year. This is certainly welcome news as we continue to grow Notre Dame; however we certainly hope that all our present families re-register.

This year has been full of changes, some evident daily and some that will be more evident over time. These changes have been made with the long-term viability of the school in mind, and to ensure the best education for your child (ren). While there are more changes on the horizon, one thing will always remain the same and that is our commitment to our mission.

The Board, faculty and I truly look forward to having your family return as part of our wonderful school community. Thank you for choosing Notre Dame and permitting us to play a meaningful role in the academic and spiritual preparation of your child (ren).

Please fill out the intent to return found attached to this letter and return it to the office by January 30, 2018. If anyone has concerns about paying the registration fee, please see me.

I would like to thank you for your support and cooperation.

Blessings,

#### Mrs. Mottau

Moreland Notre Dame School, mindful of its mission to be a witness to the love of Christ for all, admits students of any race, color, gender, and national and/or ethnic origin to all the rights, privileges, programs, and activities generally accorded to or made available to students at Moreland Notre Dame School. (For full text, see Parent-Student Handbook.)





#### **Re-Enrollment Procedure**

#### **Application Forms:**

Complete an application including all forms in this packet and return to the school office. No student with a delinquent account will be allowed to sign up for early registration.

The NON-REFUNDABLE Registration Fee must accompany the application. Applications cannot be held if there is not a Registration Fee attached.

#### Registration Fee is \$400

(Applications cannot be accepted nor a place reserved for your child unless accompanied by the appropriate Non-Refundable Fee of \$400)

The Medical Release form must be signed in order for your child to be enrolled. New students applying to enroll in Kindergarten are required to take a placement test upon registration. Parents will be notified of placement once enrollment has been accepted. Please fill out all forms completely and sign where indicated. All new and returning students must have a completed packet in order to register for the 2018-2019 school year.

**Tuition:** Annual tuition rates and a schedule of fees are listed in the Financial Information section in this packet. Monthly payment plan are available for the convenience of our parents, provided payments are received by the due date. Payments are made by automatic debit from your checking account or an \$8 monthly processing/monitoring fee will apply to pay by cash or check or e-payments.

Fees not covered by tuition such as hot lunch, after school sports, Extended Care, etc. There may also occasionally be additional charges for school activities.





# Moreland Notre Dame School Registration Packet

## Your registration check list, please list:

Application
\$400 NON-REFUNDABLE Registration Fee and/or
<b>\$20</b> Assessment Fee must accompany the application. <b>This is for new students only.</b> Application cannot
be accepted nor a place reserved for your child unless a Registration Fee is attached.
The Medical and Photo Release forms must be signed.
Fully completed Emergency Card
For students entering into Kindergarten or New Student (any grade):
Baptism certificate or birth certificate if child if not baptized
Copy of current Immunization Records
(A Report of Health Examination for School Entry form must be completed by the student's physician and turned
into the office before August 1.)

All forms must be filled out completely. Applications cannot be accepted if paperwork is not fully completed. Please turn in all paperwork to the school office.





#### **2018-2019 Fees & Tuition**

(All Fees are Non-Refundable and Non-Transferable)

**All Students:** 

Assessment Fee \$20 Registration Fee \$400 Parent Club \$60

## Tuition (Tuition includes all academic and materials fees not listed below.)

No. of	Basic	Fees \$400	Parent Club	<b>Amt Due by</b>	Mo. Tuition
Children	Tuition	per Child		July 1	Payment
					July-April
1	\$5,550	\$400	\$60	\$460	\$555
2	\$10,780	\$800	\$60	\$860	\$1,078
3	\$15,740	\$1,200	\$60	\$1,260	\$1,574
4	\$19680	\$1,600	\$60	\$1,660	\$1,968

#### **Miscellaneous Fees**

After School Sports Teams (6<sup>th</sup>-8<sup>th</sup> Grades): \$75 per year

School Extension Program Fees:

**Registered**: \$5/hour/child - 1<sup>st</sup> child \$4/hour/child - 2 children \$3/hour/child - 3+children

**Drop In:** \$6/hour/child

#### **Payment Options**

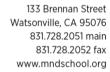
Monthly, quarterly, and biannual payment plans are available. Moreland Notre Dame School requires automatic payments through an Electronic Funds Transfer for families that choose a payment plan. Tuition payments are deducted on the 10<sup>th</sup> or 25<sup>th</sup> of the month. A payment plan administration fee will be due for families that choose to pay in multiple installments-the amount of the fee depends of the length of the payment plan.

### **Non-Payment of Fees and Tuition**

Returned payments are subject to a \$25 returned check charge. A \$40 late fee will be assessed for tuition payments received after the account due date (unless prior arrangements have been made.) Accounts late for 30 days are considered delinquent.

#### Financial Aid

A limited amount of tuition assistance is available. Please contact the school office for more information.





#### **Financial Contract**

Student Name:	Grade in 2018-19
Student Name:	Grade in 2018-19
Student Name:	Grade in 2018-19
Student Name:	Grade in 2018-19
In consideration of the mutual acceptance of this contract by Moundersigned agrees to pay the 2017-2018 tuition and fees as specificultion and Fee Schedule"	_
Tuition is paid through FACTS Tuition Management Program.	There are various payment plans available.
In full payment by July 15, 2018, through the school off check, or in cash. If you prefer to pay in full with cash, parrangements. If you elect to pay in full by July 15, yo Trimester, on July 15, and in November on the 5 <sup>th</sup> or 20th	please contact the school office to make u will receive a 2% discount off the tuition.
By two payments. Payment for the first semester is due payment is due by January 5 <sup>th</sup> or 20 <sup>th</sup> , 2019.	by July 15, 2018, and a second semester
By ten monthly payments beginning July 5th or 20th, 20 2019.	018, and a final payment due on April 5 <sup>th</sup> or 20 <sup>th</sup> ,
It is understood by the undersigned parent(s) or guardian(s) of the	ne above-named student(s) that this tuition and

#### FINANCIAL POLICIES

other charges during the 2017-2018 school year.

1. All tuition payments are due on time according to the tuition plan selected. All tuition payments will be administered by FACTS tuition management.

fee contract is an agreement with Moreland Notre Dame to provide educational services for the tuition, fees, and

- 2. There is a \$25.00 charge by FACTS for any returned check, late payment, or attempted and denied automatic withdrawal.
- 3. MND has the right to take legal action to collect school tuition and fees. Parents/guardians will be responsible for all costs of collection, including court expenses and reasonable attorney fees.





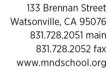
- 4. Tuition assistance is available to qualified families; however, the payment schedule agreed upon must be adhered to for continued attendance.
- 5. Should a student leave MND before the end of the school year, the parents/guardians are responsible for payment of tuition through the end of the trimester (A student leaves mid second trimester, 66% of the total tuition is due). If the parent/guardian has paid in excess of the amount due, the balance will be refunded. Written notification of withdrawal must be given to the school at least two weeks before the date of withdrawal.
- 6. If you are unable to pay your monthly tuition on time, it is important that you contact the school office and make arrangements to pay the amount due. It is critical that your tuition be paid or you contact the school regarding a payment plan. If neither of the options above is completed, your child will not be re-admitted to the school for the following trimester.

#### OTHER OBLIGATIONS

- 1. Every family is expected to work at least one fundraising event.
- 2. Every family is obligated to perform 30 hours of service to the school, as defined by the MND Service Points program. An unfulfilled service hour is \$20. If you are unable to give actual service, a donation of \$20 per hour will fulfill this obligation.
- 3. A non-refundable \$400 registration fee is due at the time of acceptance of new students as a condition of enrollment. A non-refundable \$400 registration fee is due for continuing students by July 1.

I have read the Moreland Notre Dame Financial Contract as stated above. I understand that my child (ren) will not be re-admitted to the school, beginning with the next school trimester, if tuition due is not paid as required. I agree and understand that in order for my child (ren) to remain in good standing at Moreland Notre Dame, I will be required to fulfill all the terms and conditions of this Financial Contract for the 2018-19 school years, and I hereby agree to fulfill all of the said terms and conditions.

Please sign and return this contract to the School Office.		
Signature of Parent/Guardian	Date	
Signature(s) of Person(s) responsible for payment of tuition and fees	Date	

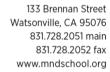




#### **Contract Acknowledgments & Signatures**

- I have read this "Financial Contract" and agree to be personally responsible for all tuition and fees, and other financial expenses incurred by MND on behalf of my child (ren).
- I have read and agree with the "Uniform and Dress Code" and general guidelines with my child (ren). I agree to have my child (ren) follow the dress code rules.
- I have communicated the MND student rules with my child (ren) so they understand them.
- I acknowledge that the registration fee must accompany enrollment forms and this contract, and that the registration fee is completely non-refundable. Further, I acknowledge my students account must be current in order to enroll.

Parent Signature:	Date:	
Parent Signature:	Date:	





#### Dear Parents,

Financial Aid applications are reviewed annually. Consideration is limited to families who are registered for the academic year in which financial aid is being requested. The determination for financial aid is made by a committee. A request for assistance is not a guarantee that assistance will be given--but where need meets the threshold set by FACTS, and the spirit of prayerful sacrifice exists, Notre Dame School hopes to help families afford Catholic education.

This is our procedure for tuition assistance applications:

- 1. All accounts (tuition, SEP, sports, and lunch) must be current.
- 2. The registration fee for the year in which the family is applying must be paid.
- 3. Complete the online process through FACTS Grant and Aid at <a href="www.factstuitionaid.com">www.factstuitionaid.com</a>. If there is information missing in your application, please explain that in the next step.
- 4. Write a letter that explains your need AND the importance of a Catholic education--particularly a Notre Dame Education--for your child (ren). The letter may be written in English or Spanish. If there is information on your Grant and Aid application that is misleading or may not give us a glimpse of the true situation, please include that, too. These are the essential questions to answer:

I am requesting tuition assistance because...

In a spirit of prayer and sacrifice, this is how much we can afford to pay per month per student...

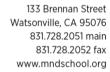
We will not consider an application for aid without the letter, which should be sent to the school and addressed to the principal's attention.





## **Authorization for Use of Child's Image**

I	_ give permission to Moreland Notre Dame to use the
image/likeness of my child (ren)	in the following ways:
banners, and so forth.	Dame such as in print newspaper ads, magazine article photos, ising communication such as on the school website, in the weekly icial school social media.
I do not give permission for my child's image to Parent/Guardian Signature:	o be used □ in advertising □ online □ in print □ for any reason.  Date





#### Physician Order and Parental Authorization to Administer Medication

(Transitional Kindergarten through Eighth Grade)

In order for a student to receive medication at school or during school-related activities, the following criteria must be met:

- 1. A new form must be completed <u>each</u> school year for <u>each</u> medication. A new form must also be completed whenever there is a change in the medication: name, form (tablet, capsule, liquid), dose (amount), or time given. If there are no changes, each form is good from August 1 of one year until July 31 of the following year.
- 2. A form is required for <u>any</u> medication: prescription, over-the-counter medicine or herbal supplement.
- 3. For prescription medications both parent/guardian and physician must complete and sign this form.
- 4. All medication must be in the original container or original package, and prescription medication must have the current prescription label.
- 5. The original form must be on file at the school. Medication and completed forms <u>must</u> be brought to the school by the parent.

Parent Authorization	So	chool Year:
Student:		
Parent/Guardian:	Phone:	
Address:		
School:		
If Parent/Guardian is Unavailable, Emerge	ency Contact:	
Name:	Relationship:	Phone:
* * * * * * * * * * * * * * * * * * * *	********	******
My child will need to take (Medication Name	):	at school. It is to be given at
(Time/s With the follow	ving special instructions:	
I, the undersigned, who is the parent/guardian		
child by a designated member of the school st	aff, in accordance with instruction	is outlined on the reverse side and
authorized by our physician. I understand that	there is no nurse on duty and non	-medical staff will administer the
medication. I understand that I have the right	to come to the School and adminis	ster the medication myself.
I give my permission for the principal or design written statement for medication administration		ld's physician regarding the physicians'
I understand the major responsibility for a chi and that I am required personally to bring the		e child and me as his/her parent/guardian,
I also agree that the School and the Diocese of not be held liable for any loss, damage, injury or negligence of the School or the Diocese of administration of medication or by the student	or liability of any kind to any per Monterey Parish & School Opera	son caused or arising from acts, omissions ting Corporation related to the
Parent/Guardian Signature:	Da	ate:
Student:	Date of Birtl	1:





1. Name of Medication: 2. Reason for Medication: 3. Dosage: 4. Time/s: 5. Method: OralInhalationInjectionTopicalOther/Explain: 6. Possible Side Effects: 7. Special Storage Requirements: 8. Special Instructions/Precautions: 9. Will student need to personally carry this medication? Yes	Physician Order for Prescription Medica	ation (Print):			
2. Reason for Medication: 3. Dosage: 4. Time/s: 5. Method: Oral	1. Name of Medication:				
4. Time/s:  5. Method: Oral Inhalation Injection Topical Other/Explain:  6. Possible Side Effects:  7. Special Instructions/Precautions:  8. Special Instructions/Precautions:  9. Will student need to personally carry this medication? Yes No  10. Will the student be "self" administering this medication? Yes No  The listed medication/s is necessary for:  Appropriate pupil interaction in school setting To treat a current illness Student comfort  Physician's Name (Print):  Physician's Signature:  Date:  Address:  Phone:  Parent Request for Medication Self-Administered by Student And Requiring Special Storage  Student's Name:  Birth Date:  Grade:  School  I, the undersigned, who is the parent/guardian of the above-named student, request and authorize the staff of (School) to store my child's medication at the School site. As indicated in the physician's statement above, my child will self-administer his/her own medication when required, and I am not requesting School personnel to assist in the administration of my child's medication where required and I am not requesting be stored in the School office unless a physician orders that the student must personally carry the medication. I also understand that my child must self-administer the medications in the School office.  My child will need to self-administer his/her medication at School because he/she suffers from the following condition:  My child will need to take his/her medication at School because he/she suffers from the following special instructions:  I request that my student's medication be stored in the following manner:  Parent/Guardian Signature:  Date:  Date:  Parent/Guardian Signature:  Date:	2. Reason for Medication:				
5. Method: OralInhalationInjectionTopicalOther/Explain:	£				
6. Possible Side Effects: 7. Special Storage Requirements: 8. Special Instructions/Precautions: 9. Will student need to personally carry this medication? 10. Will the student be "self" administering this medication? 10. Will the student be "self" administering this medication? 10. Will the student be "self" administering this medication? 10. Will the student be "self" administering this medication? 10. Will the student be "self" administering this medication in school setting 10. Appropriate pupil interaction in school setting 11. To treat a current illness 12. Student comfort  13. Physician's Name (Print): 14. Physician's Signature: 15. Date: 16. Address: 16. Phone: 17. Parent Request for Medication Self-Administered by Student 17. And Requiring Special Storage  18. Student's Name: 18. Birth Date: 19. Grade: 10. School 19. In the undersigned, who is the parent/guardian of the above-named student, request and authorize the staff of 19. (School) to store my child's medication at the School site. As indicated in the 19. physician's statement above, my child will self-administer his/her own medication when required, and I am not requesting 19. School personnel to assist in the administration of my child's medication. However, I understand that all medication must be stored in the School office unless a physician orders that the student must personally carry the medication. I also understand that my child must self-administer the medications in the School office.  19. My child will need to take his/her medication (number of times per day) with the following special instructions: 10. In request that my student's medication be stored in the following manner: 10. Parent/Guardian Signature: 11. Parent/Guardian Signature: 12. Date: 13. Approximation of the self-administer in the following manner: 15. Parent/Guardian Signature: 16. Date: 17. Address: 18. Pess No. 18. No. 18. Approximation of the self-administer in the following manner: 19. Date: 19. Date: 10. Date: 10. Approximation of the self-administer in the followin	4. Time/s:				
7. Special Storage Requirements:  8. Special Instructions/Precautions:  9. Will student need to personally carry this medication? Yes No 10. Will the student be "self" administering this medication? Yes No The listed medication/s is necessary for:  A potentially life-threatening condition  Appropriate pupil interaction in school setting  To treat a current illness  Student comfort  Physician's Name (Print):  Physician's Signature:  Date:  Address:  Phone:  Parent Request for Medication Self-Administered by Student  And Requiring Special Storage  Student's Name:  Birth Date:  Grade:  School  I, the undersigned, who is the parent/guardian of the above-named student, request and authorize the staff of (School) to store my child's medication at the School site. As indicated in the physician's statement above, my child will self-administer his/her own medication when required, and I am not requesting School personnel to assist in the administration of my child's medication. However, I understand that all medication must be stored in the School office unless a physician orders that the student must personally carry the medication. I also understand that my child must self-administer the medications in the School office.  My child will need to self-administer his/her medication at School because he/she suffers from the following condition:  My child will need to take his/her medication (number of times per day) with the following special instructions:  I request that my student's medication be stored in the following manner:  Parent/Guardian Signature: Date:  Parent/Guardian Signature: Date:  Date:  Parent/Guardian Signature: Date:  Date:  Address:					
8. Special Instructions/Precautions: 9. Will student need to personally carry this medication? Yes No 10. Will the student be "self" administering this medication? Yes No The listed medication/s is necessary for:  A potentially life-threatening condition  Appropriate pupil interaction in school setting  To treat a current illness  Student comfort  Physician's Name (Print):  Physician's Signature:  Date:  Address:  Phone:  Parent Request for Medication Self-Administered by Student  And Requiring Special Storage  Student's Name:  Birth Date:  Grade:  School  I, the undersigned, who is the parent/guardian of the above-named student, request and authorize the staff of  (School) to store my child's medication at the School site. As indicated in the physician's statement above, my child will self-administer his/her own medication when required, and I am not requesting School personnel to assist in the administration of my child's medication. However, I understand that all medication must be stored in the School office unless a physician orders that the student must personally carry the medication. I also understand that my child must self-administer the medications in the School office.  My child will need to self-administer his/her medication at School because he/she suffers from the following condition:  My child will need to take his/her medication (number of times per day) with the following special instructions:  I request that my student's medication be stored in the following manner:  Parent/Guardian Signature:  Date:  Parent/Guardian Signature:  Date:  Parent/Guardian Signature:  Date:  Date:  Parent/Guardian Signature:  Date:	6. Possible Side Effects:				<del></del>
9. Will student need to personally carry this medication? Yes No 10. Will the student be "self" administering this medication? Yes No The listed medication/s is necessary for: A potentially life-threatening condition Appropriate pupil interaction in school setting To treat a current illness Student comfort  Physician's Name (Print): Date: Address: Phone:  Parent Request for Medication Self-Administered by Student And Requiring Special Storage  Student's Name: Birth Date: Grade: School I, the undersigned, who is the parent/guardian of the above-named student, request and authorize the staff of (School) to store my child's medication at the School site. As indicated in the physician's statement above, my child will self-administer his/her own medication when required, and I am not requesting School personnel to assist in the administration of my child's medication. However, I understand that all medication must be stored in the School office unless a physician orders that the student must personally carry the medication must be stored in the School office unless a physician orders that the student must personally carry the medication. I also understand that my child must self-administer the medications in the School office.  My child will need to self-administer his/her medication at School because he/she suffers from the following condition:  My child will need to take his/her medication (number of times per day) with the following special instructions:  I request that my student's medication be stored in the following manner: Date:	7. Special Storage Requirements:				
10. Will the student be "self" administering this medication? YesNo The listed medication/s is necessary for: A potentially life-threatening condition	8. Special Instructions/Precautions:	.1. 1 0			<del></del>
The listed medication/s is necessary for:    A potentially life-threatening condition	9. Will student need to personally ca	rry this medication?		Yes No	
To treat a current illness Student comfort  Physician's Name (Print):	The listed medication/s is necessary for:				
Physician's Name (Print):					
Physician's Name (Print):				S	
Physician's Signature:	Dharaining's Name (Drint).				
Parent Request for Medication Self-Administered by Student And Requiring Special Storage  Student's Name: Birth Date: Grade: School  I, the undersigned, who is the parent/guardian of the above-named student, request and authorize the staff of (School) to store my child's medication at the School site. As indicated in the physician's statement above, my child will self-administer his/her own medication when required, and I am not requesting School personnel to assist in the administration of my child's medication. However, I understand that all medication must be stored in the School office unless a physician orders that the student must personally carry the medication. I also understand that my child must self-administer the medications in the School office.  My child will need to self-administer his/her medication at School because he/she suffers from the following condition:  My child will need to take his/her medication (number of times per day) with the following special instructions:  I request that my student's medication be stored in the following manner: Date: Address: Date: Date:	Physician's Signature:			Data:	_
Parent Request for Medication Self-Administered by Student And Requiring Special Storage  Student's Name: Birth Date: Grade: School  I, the undersigned, who is the parent/guardian of the above-named student, request and authorize the staff of	Address:			Dhone:	_
And Requiring Special Storage  Student's Name: Birth Date: Grade: School  I, the undersigned, who is the parent/guardian of the above-named student, request and authorize the staff of (School) to store my child's medication at the School site. As indicated in the physician's statement above, my child will self-administer his/her own medication when required, and I am not requesting School personnel to assist in the administration of my child's medication. However, I understand that all medication must be stored in the School office unless a physician orders that the student must personally carry the medication. I also understand that my child must self-administer the medications in the School office.  My child will need to self-administer his/her medication at School because he/she suffers from the following condition:  My child will need to take his/her medication (number of times per day) with the following special instructions:  I request that my student's medication be stored in the following manner: Date: Address: Date: Date: Address:	Addiess.			1 none	_
I, the undersigned, who is the parent/guardian of the above-named student, request and authorize the staff of		•	-		School
(School) to store my child's medication at the School site. As indicated in the physician's statement above, my child will self-administer his/her own medication when required, and I am not requesting School personnel to assist in the administration of my child's medication. However, I understand that all medication must be stored in the School office unless a physician orders that the student must personally carry the medication. I also understand that my child must self-administer the medications in the School office.  My child will need to self-administer his/her medication at School because he/she suffers from the following condition:  My child will need to take his/her medication (number of times per day) with the following special instructions:  I request that my student's medication be stored in the following manner: Date:					
School personnel to assist in the administration of my child's medication. However, I understand that all medication must be stored in the School office unless a physician orders that the student must personally carry the medication. I also understand that my child must self-administer the medications in the School office.  My child will need to self-administer his/her medication at School because he/she suffers from the following condition:  My child will need to take his/her medication	(Sche	ool) to store my child	d's medication	at the School site. As indicated	l in the
understand that my child must self-administer the medications in the School office.  My child will need to self-administer his/her medication at School because he/she suffers from the following condition:  My child will need to take his/her medication	School personnel to assist in the administra	ation of my child's m	edication. Hov	vever, I understand that all med	lication must
My child will need to take his/her medication (number of times per day) with the following special instructions:  I request that my student's medication be stored in the following manner:  Parent/Guardian Signature: Date:  Address:					
Special instructions:  I request that my student's medication be stored in the following manner:  Parent/Guardian Signature:  Address:	My child will need to self-administer his/ho	er medication at Scho	ool because he	/she suffers from the following	condition:
Parent/Guardian Signature: Date: Address:	My child will need to take his/her medicati special instructions:	on	(numb	per of times per day) with the fo	ollowing
Address:	I request that my student's medication be s	tored in the following	g manner:		
Address:	Parent/Guardian Signature:			Date:	
Home Phone:Work Phone:					
	Home Phone:	Work Pl	none:		





## Emergency Contact Information, Medical & Other Release Please list individuals that may be contacted to pick up your child, in case we cannot reach you.

Name	Relationship	Phone		
I, the undersigned, the parent /legal guardian of	contacts, and /or the licensed more orted to nearest hospital, to an x-ich is deemed advisable by, and sed under the provisions of the More of any specific diagnosis, treatment of our foresaid agent(s) to give sentioned physician in the exercise provisions of section 25.8 of civil attendance at Moreland Notre De	edical care provider, to act as agent ray examination, anesthetic, medical is rendered under the supervision of dedicine Practice Act. It is not or hospital care being required, specific consent to any and all such of his best judgment may been code of California. This ame, unless sooner revoked in		
writing to the school. I agree to hold harmless and relea- liability for an accident, injury or illness that results fro				
	d Insurance Information	programs, classes, or activities.		
	i fish ance information			
Medical Doctor's Name (required) Address (required)	Phone (requi	red)		
Insurance Co. (optional)				
Dental Dentist Name (required) Address (required)		red)		
Insurance Co. (optional)	Insurance # (	optional)		
Please list any and all medical conditions or allergies the	hat the school should be aware of	f: (i.e.: asthma, allergic to bee stings,		
food allergies, epilepsy):				
Parent/Guardian Signature:		Date:		





#### **New Student Enrollment Procedure**

#### **Age Requirements**

Students entering Moreland Notre Dame School must meet the following age requirements:

Transitional Kindergarten

Kindergarten

Four years old by September 1

Five years old by September 1

Six years old by September 1

Complete and mail the Moreland Notre Dame Enrollment Application to us with the non-refundable \$20 assessment fee. In addition to the application please attach a copy of your child's Baptismal Certificate. If your child is not baptized, a birth certificate is required.

#### **All Applicants**

- The Administrative office will contact you after the application has been received to arrange a date for the basic skills assessment. This assessment consists of the evaluation of math skills, vocabulary, oral reading, writing, and reading comprehension.
- After the applicant's file is complete and the basic skills assessment is scored, an interview with the administration will be scheduled. Both the applicant and the parent/guardian should plan to attend the interview.

#### **Second through Seventh Grade Applicants**

• Please send copies of current or most recent report cards as well as copies of any standardized tests scores (i.e. SAT, ITBS, STAR, etc.)

#### **Financial Aid**

There are two options of financial aid available to students:

- General Financial Aid
- Multiple Child Discounts

Financial aid may be awarded to families who have demonstrated need and have completed the financial aid application. Inquire about the financial aid process.

#### **Non-Discrimination Policy**

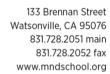
Moreland Notre Dame School in the Diocese of Monterey, mindful of its mission to be a witness to the love of Christ for all, admits students of any religion, race, color, national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to the students at the school





## **Application for Enrollment**

Date:	Grade Ap	oplying For:	r: School Year:		
Student's Full Name:					
	Last	First		Middle	
				M	F
Date of Birth	Place of Birth	So	cial Security #		nder
Please complete for e	each living parent. For Gu	ıardian, use Fa	ther and/or Mother	's space and	indicate cha
	Father/Parent 1		Moth	er/Parent 2	
Full Name:					
Occupation:					
Home Address	:				
City:					
State/Zip:					
Home Phone:_					
Work Phone:					
E-Mail:					
Cell Phone:					
	Additional Fan	nily Informatio	on (if applicable)		
Step Mother Na	ame:		_ Day Phone:		
Step Father Na:	me:		_ Day Phone:		
Correspondence & Bill	ing Information:				
Student lives with:	Will you	• •	icate corresponden		•
Both Parents Father		Yes	No Send on	ly to	
Mother	Siblings	s at MND	Name	Grad	le
Other	_		Name	Grad	le
			Name	Grad	e





Last School Attended:				Phone:				
Street	Address		City		Sta	te	7	Zip
	first learn of MN		Church	○ F	Friends	○Websi	te 🔾	Other
What are you Acader	r primary reason nics Spir se explain:	s for choosing itual	\( \) Athletic			/Drama	Os	Safety
-	sm:		Da	ite of F				
Has your chil	d had any behav	ioral issues at l	his/her prev	vious s	chool?	○Yes	$\bigcirc$ N	10
If yes, please	explain:							
Has your chil	ild have any med	nosed with:  OADD/A	ADHD s that requi	OE	motional	Difficulties	3	
If yes, please	explain:							
Ethnic Backg	round: (for statis Caucasian	tical purposes Hispanic Ame	•	sian	African A	American	Other	
Mother	$\circ$	$\bigcirc$		$\supset$	$\subset$	)	$\circ$	
Father	$\bigcirc$	$\bigcirc$	(	$\supset$	$\subset$	)	$\bigcirc$	
Child	Ö	Ö		S	Č	)	Ö	
	ove information i	s correct to the	e best of my	y know	ledge:	_		
Parent/Guard	ian Signature:					Date:		