



DePaul School

of Northeast Florida

A School for Dyslexia
and Learning Differences

2019-2020 New Student Registration

Annual Tuition: \$9,950

Application Fees (Total: \$775)

____ \$250 Non-refundable Registration Fee (required with this form to hold an enrollment slot)

____ \$525 Program Fee (includes two DePaul T-shirts, agenda, folders, disposable workbooks, one yearbook, club/elective classes, access to iReady software at home and school, and two field trips.)

Acceptable forms of payment include check, ACH withdrawal, cash, or credit card.

All students must submit a current FL School Health Exam Form, a current immunization record, and copies of the birth certificate and social security card before August 1, 2019 to be eligible for enrollment. Please fill out the following and submit with your application fees.

Student Name: _____ Birth Date: _____

Parent SSN: _____ Race/Ethnicity: _____

Seeking Grade: _____ IQ (if known): _____

Gender: _____ Last School: _____

Primary Mailing Address:

Primary Phone Numbers:

Diagnosis: Please list your child's learning differences, as well as any medical conditions that may affect your child's ability to learn.

904.223.3391
www.depaulschool.com info@depaulschool.com
3044 S. San Pablo Road, Jacksonville, FL 32224

Family and Custody Information

Mother/Primary Caregiver's Name: _____ Mother's Phone: _____

Mailing Address (if different from primary): _____

Mother's Employer and Occupation: _____ Work Phone: _____

Mother's E-mail (checked daily): _____

Mother's Custody Arrangement (full, partial, etc.; please provide documentation): _____

Father/Primary Caregiver's Name: _____ Father's Phone: _____

Mailing Address (if different from primary): _____

Father's Employer and Occupation: _____ Work Phone: _____

Father's E-mail (checked daily): _____

Father's Custody Arrangement (full, partial, etc.; please provide documentation): _____

Additional Medical Information/Emergency Information

Hospital Location of Choice: _____ Phone: _____

Medical Alerts (chronic conditions, epilepsy, diabetes, etc.): _____

Emergency Contacts and Phone Numbers (other than primary caregivers listed above):

Name: _____ **Phone Number:** _____

Name: _____ **Phone Number:** _____

(Initial) _____ I will assume full financial responsibility for emergency care and/or transportation for said child and will not hold the school financially responsible.

Doctor's Name: _____ Dr. Phone: _____
Student's Health Insurance: _____ Policy Number: _____ Group Number: _____

(Initial) _____ I, the undersigned, authorize DePaul School to contact directly the persons named on this form and authorize the named physician to render treatment as is necessary in an emergency for the health of the child. In the event parents cannot be contacted, DePaul School staff is authorized to take whatever action is necessary in their judgment for the health of the child. I will assume full financial responsibility for emergency care and/or transportation for said child and will not hold the school financially responsible.

Prescription Medication: If your child requires prescriptions, please see the separate form. Please make every effort to dispense prescriptions to your child outside of school hours. If you cannot, please fill out the separate form. *All prescriptions must be in the original bottle with a current prescription date and correct information.*

Non-Prescription Medication: Please make every effort to dispense prescriptions to your child outside of school hours. If you cannot, please check allowable medication and circle preferred dosages:

- Tylenol: 500 mg or 250 mg/ swallow pills OR chewable OR liquid **Child's weight:** _____
- Ibuprofen: 400 mg or 200 mg/ swallow pills OR chewable OR liquid
- Do NOT give my child either Tylenol or Ibuprofen.

Pickup/Release Information:

I give permission to DePaul School to release my child to the following person(s) during the 2019-2020 school year (in addition to primary caregivers list above):

Name as appears on Driver's License: _____ Date of Birth: _____

Name as appears on Driver's License: _____ Date of Birth: _____

Name as appears on Driver's License: _____ Date of Birth: _____

Name as appears on Driver's License: _____ Date of Birth: _____

I have read and understand 3/3 pages of this re-enrollment document.

Signature of legal guardian: _____ **Date:** _____