



# DePaul School

of Northeast Florida

A School for Dyslexia  
and Learning Differences

## 2018-2019 New Student Registration

**Annual Tuition: \$9,950**

**Application Fees (Total: \$625)**

\_\_\_\_\$250 New Student *Non-refundable* Registration Fee (required with this form to hold an enrollment slot)

\_\_\_\_\$375 Program Fee (includes two DePaul T-shirts, agenda, folders, disposable workbooks, a 2018-2019 yearbook, club/elective classes, and access to I-Ready software at home and school.)

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, 2018 to be eligible for enrollment. Please fill out the following and submit with your application fees.

Student Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

SSN for **parent**: (required to access scholarship funds) \_\_\_\_\_ 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 SS#: \_\_\_\_\_

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 SS#: \_\_\_\_\_

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 2018-2019 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: \_\_\_\_\_

How did you hear about the DePaul School? \_\_\_\_\_

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

**Signature of legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_