



# DePaul School

of Northeast Florida

A School for Dyslexia  
and Learning Differences

**2021-22 Returning Student Registration**  
**Annual Tuition: \$10,250**  
**Application Fees (Total: \$625)**

\_\_\_\_ \$100 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 software at home and school, and two field trips.)

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

All 7th graders must submit an updated immunization form citing the Tdap vaccine before August 1, 2021 to be eligible for enrollment, or an official exemption. Please fill out the following and submit with your \$100 deposit to secure a slot. The remaining \$525 fee is due by August 2021.

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/Allergy 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.

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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 fill out the separate form and have it signed by your child's doctor. 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 request a Medication Permissions form from the office, fill out, and return with a doctor's signature. You must also provide any medication we give your child, including vitamins and cough drops.

**Pickup/Release Information:**

I give permission to DePaul School to release my child to the following person(s) during the 2021-22 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: \_\_\_\_\_

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:** \_\_\_\_\_