



DEPAUL SCHOOL OF NORTHEAST FLORIDA

JACKSONVILLE'S FIRST SCHOOL
FOR DYSLEXIA
New Student Registration
2022-23

Annual Tuition: \$12,500

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 year-book, 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 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, 2022 to be eligible for enrollment. Please fill out the following and submit with your \$250 deposit. The remaining \$525 fee is due by August 2022.

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.

Note: If your child has a psychoeducational evaluation, please submit it to the school.

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.

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.* This must be renewed every school year.

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. This must be renewed every school year.

Pickup/Release Information:

I give permission to DePaul School to release my child to the following person(s) during the 2022-23 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: _____

New Student Behavioral Survey

Please answer the following questions truthfully and thoroughly. Use the back of this paper if you need more room.

Name of Student: _____

In the last 3 years, has your child received any Needs Improvement or unsatisfactory marks in conduct or behavior? Were you called to pick up your child from school due to behavior? Please describe.

Does your child have referrals for behavior/conduct? Please describe.

Is there anything else about your child's behavior that could affect his/her experience at DePaul?

I understand that DePaul is not a school that remediates behavioral issues or truancy. I further understand that my child must follow the DePaul Code of Conduct while a student at DePaul; work to resolve conflicts peacefully, behave honestly and respectfully with students/teachers in person and online, refrain from distracting other students, follow adult directives to go to class, cooperate with staff, and follow all rules in the current edition of the Student Handbook, including that he/she must attend class when asked.

I further understand that tardies, early checkouts, and excessive absences may affect my child's success in the program, and their ability to attain and keep scholarships.

If I falsify this document or fail to disclose behavioral information that negatively affects my child's or another student's DePaul experience, or if my child does not display growth when redirected, my student will be removed from the school.

I have read and understand 4/4 pages of this document.

Parent signature

Date