

**St. Benedict the Moor Catholic School
Returning Student Application Check Sheet
2024-25**

Grades K-8

Do you have the following before handing in Registration?

Complete and submit the student application with applicable fees.

Registration is \$50.00 per student and \$75.00 per family 2 or more

☒ Renewal Forms for the Edchoice Scholarship Program are available in the school office or you should have received them in the mail. Please have your child's(ren) EdChoice Scholarship Renewal form(s) with a current utility bill in the office by March 1, 2024. If Edchoice renewal is not renewed your child(ren) will lose their scholarship for next school year or you will be asked to pay tuition \$6166.00 each student. The application process is not complete until all items listed above have been received by March 16, 2024.

**St. Benedict the Moor Catholic School Office
138 Gramont Avenue, Dayton, Oh 45417 937.268.6391
School Office Hours: Mon-Fri 7:30am-3:00pm
Office Manager**

St. Benedict the Moor School, Dayton, Ohio 45417
Returning Student Registration, School Year 2023-24

This registration form is for families and students currently attending St. Benedict the Moor Catholic School. We have a good school with excellent academic and spiritual programs. Please consider registering as soon as possible to insure your children's place for the 2023-24 school year.

- Family Name _____
 Address _____
 City _____
 Daytime Phone _____ Evening Phone _____
 Email Address _____ (REQUIRED)

- Please identify the public school district your child/ren would attend if they were not enrolling at St. Benedict. This information is **very important** as it assists us when clarifying transportation and other information.

- | School Building | School District |
|-----------------|-----------------|
| | |
- Please list the names of all the students who will be re-enrolling. **Please do not include preschool children, new kindergarteners, or new students. Do include those already enrolled who will be returning next year.**

<u>Name</u>	<u>Current Grade</u>

- This registration must include a parent/guardian signature and a registration fee of 50.00 per student and \$75.00 per family fee is due at the time the application is submitted to the office.**
- Money orders, cash debit/credit cards.
- I am in agreement with all of the above stated information and my registration fee is included.
- I give permission for my son/daughter's picture or quotation to be used by this school and/or Archdiocese of Cincinnati in promotion of this school, the Archdiocese, and /or Catholic Education.

 Signature _____
 Date

Thank you for making the decision to continue Catholic education at St. Benedict the Moor School.
 Debra Johnson, Principal



Admissions Application
St. Benedict the Moor Catholic School
 138 Gramont Avenue, Dayton, Ohio 45417
 Phone: 937.268.6391 Fax: 937.268.9775
 www.stbenedictdayton.org

Emergency Authorization (Updated Annually) Page 1 of 2

Last:		First:		Middle:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		Height:	Weight:	Birthdate:	
Teacher:		Grade:	Home Phone:		
Address:					
Father's Name:			Work or Day Phone:		
Cell:			Email:		
Mother's Name:			Work or Day Phone:		
Cell:			EMAIL:		
Legal Guardian:		Student Lives With (include relationship):			

Instructions: Parent/Guardian to complete either **Part I** or **Part II** of this form and return to your child's school within 10 days after you receive it.

Purpose: To enable parent(s) to authorize the provision of emergency treatment for children who become ill or injured while under school authority, when parents/guardian cannot be reached.

PART I or PART II MUST BE COMPLETED

PART I -- Grant Consent

In the event that reasonable attempts to contact me (at the above numbers) have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the following health care providers, or if the designated provider is not available, by another licensed health care provider or dentist; (2) the transfer of the child to any hospital reasonably accessible.

Health Care Provider/Doctor _____ Phone _____

Dentist _____ Phone _____

Medical Specialist _____ Phone _____

Preferred Local Hospital _____

This authorization does not cover major surgery unless the medical opinions of two other licensed physician or dentist, concurring in the necessity for such surgery, are obtained prior to the performance of such surgery. Facts concerning the child's medical history (include allergies, medications being take, and any physical impairments to which a health care provider should be alerted): _____

Date: _____ Parent Signature: _____

PART II -- Refusal to Consent (DO NOT complete if you have completed Part I)

I do not give consent of emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish that school authorities take no action or to: _____

Date: _____ Parent Signature: _____
 (Turn over and complete other side)

EdChoice Scholarship Program Renewal Form 2024-2025

INCOME	<p>***ATTENTION: Income verification is not required to apply for a Traditional EdChoice Scholarship. Families may qualify for low-income status if they choose to have their income verified for the Traditional EdChoice Scholarship. To complete the Income Verification process, parents may submit online using the <u>secure Income Verification system</u> complete and mail the paper form. Emailing documents is not permitted.</p>
ADDRESS VERIFICATION	<p>***Proof of residency is required of all renewal applicants and must be submitted to the school with the application.***</p> <p>Parents/Guardians must document residency by providing the school with a current (less than 90 days old) utility bill. The utility (electric, gas, water, sewer, cable/internet) bill must show matching service address and mailing address in the name of the parent/guardian. Post office boxes (except in rural areas where residents only have a PO Box) and cell phone bills have no service address and therefore are not accepted.</p> <p><i>Other Acceptable Documents:</i> A monthly mortgage statement (less than 90 days old) <u>or</u> lease/rental agreement (signed by lessee and lessor) <u>and</u> a piece of current business mail (examples: pay stub, bank statement, insurance statement, car payment statement, etc.) with parent/guardian's name and address.</p> <p>***Additional information can be found on the scholarship webpage.***</p>

2024-2025 EDCHOICE PARENT AGREEMENT

I _____ AGREE TO THE FOLLOWING:
(Parent Name)

- The information provided in this application is true and correct.
- I have supplied the chartered nonpublic school with a certified copy of the student's birth certificate, copies of all custody/guardianship documentation for the student, and proof of my address.
- I have submitted only one EdChoice application for this student.
- The scholarship amount shall only be applied to the tuition of the enrolling school, and I may be required to pay other fees and costs as prescribed by the policies of the school.
- I will sign all scholarship checks received by the private school for my student in a timely manner. I understand that if I fail to endorse the scholarship checks to the school, I will be responsible for paying the student's tuition.
- If I transfer my scholarship to another participating chartered nonpublic school, I will notify the school of my intent to withdraw and I will return to the original school to sign any remaining checks.
- I will apply for any and all financial aid or tuition discounts and adjustments made regularly available to the students attending the school in which the student is accepted for enrollment.
- I will abide by the Ohio Department of Education (ODE) dispute resolution process outlined in Ohio Administrative Code Section 3301-11-14.
- If I am not a low-income parent or did not complete the income verification process, I will be responsible for paying any difference between the scholarship amount and the tuition of the chartered nonpublic school.
- I must inform ODE and the chartered nonpublic school of any change in the student's residential address or custody status.
- I will not be able to renew my child's scholarship if: 1) my family moves to another public school district unless my child would be assigned to an EdChoice designated public school in the new district (applicable only to students who were initially awarded a scholarship based on an EdChoice designated building); 2) my child does not complete all required assessments; 3) my child has more than 20 unexcused absences for the school year; or 4) I fail to complete the renewal process. If my child received an EdChoice Expansion scholarship, I must maintain Ohio residency.
- I have received and understand the policy handbook of the chartered nonpublic school and will abide by its provisions.
- I understand that if my child's scholarship has been awarded in error, it will be terminated immediately, and I would then be responsible for paying the tuition if I decide to keep my child at the private school.

I designate _____ to submit an application on my behalf for the Scholarship Program
(Name of Private School)

through the Ohio Department of Education's electronic application system. By signing below, I agree to the above statements.

Signature of Parent/Legal Guardian signing the tuition check

Date Signed

Return to the private school with a copy of current utility bill showing matching service and mailing addresses.