

**Our Lady of Sorrows Academy
Registration Form
2019 – 2020 School Year**



Parent/Guardian Names: _____
 Address: _____
 Home Ph: _____
 Father Cell Ph: _____
 Mother Cell Ph: _____

Return all materials to:
 Attn: Registrar
 Our Lady of Sorrows Academy
 750 E. Baseline Rd.
 Phoenix, AZ 85042

E-mail: _____
 E-mail: _____

<u>Child's Full Name (First, Middle, Last)</u>	<u>Date of Birth</u>	<u>Grade Entering</u>	<u>Gender</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

For valid registration, the following must be received:

- 1) **Returning/new student:** completed **Registration Form**
 - 2) **Returning student: non-refundable fee of \$100 per family** (Charged and paid through FACTS Management. See #4)
 - 3) **Returning/new student: annual Emergency Information & Immunization Record/Conscientious Objection**
 - 4) **Returning/new student: Physical**, including hearing/vision screening, by physician (Kindergarten/New student in any grade and annually for PE/Sports Physical: grades 7-12)
 - 5) **New Students: Student Health Information and Medication Authorization** Forms
 - 6) **New Students:** a signed/notarized **Statement of Intent** to be filed with the State
 - 7) **New students:** a copy of official **birth and sacramental certificates**, completed **Transcript Request** Form for academic, standardized tests, medical, & behavioral records & **last report card**
 - 8) **New students: non-refundable fee of \$100 per student & Parent Meeting** with the Principal
- Note:* Incomplete Registration Packets will not be accepted.

Medication Policy

No medication (non-prescription or prescription) may be given to a child by any staff member of the school, unless a separate Medication Authorization Form is completed. All medicines are to be sent to the school office and clearly labeled. No student may have any medicine on his or her person or in his or her belongings at any time without proper documentation.

Parent Authorization

Please initial each appropriate box and sign accordingly.

Initial:

- _____ **1. General Release of Liability** The undersigned hereby releases and forever discharges OLOSA, their officers, agents, and employees, from all claims and demands, rights and causes of action of any kind the undersigned now has or hereafter may have on account or in any way arising from personal injuries known or unknown to the undersigned at the present time and property damage resulting or that results from any occurrence which may happen to our child(ren) (or legal ward), during his/her stay at OLOSA.
- _____ **2. Parent/Teacher Handbook** I agree to read the student handbook and will support the policies as described, including but not limited to OLOSA discipline code, academic or conduct policies and sport rules.

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3. OLOSA Fundraising Requirement

OLOSA families are required to perform a **minimum of twenty, volunteer hours of annual service** throughout the school year to help supplement necessary operating expenses. Also, I understand that in the event a student does not raise the minimum required goal established for any given event, such as the Jog-a-thon, the family will be responsible to make up the difference from what was raised in order to satisfy the minimum fundraising goal (MFR) accordingly. Historically, the MFR has been set between \$350-\$600.

4. Financial Responsibility & Yearly Tuition:

Grades K-8: \$4,000.00 for first student, \$1,500 for each additional student, and miscellaneous fee of \$250.00 per student.
Grades 9-12: \$5,500.00 for first student, \$2,700 for each additional student, and miscellaneous fee of \$350.00 per student. In the event a family has students in both Grades K-8 and 9-12, the first child will be charged at the Grades K-8 rate of \$4,000.00, and any other student(s) will be charged at \$1,500 and \$2,700, respectively. The FACTS Management program is the tuition payment program used exclusively by all SSPX schools. All families must create their account at: <https://online.factsmgt.com/signin/4LR4P> All tuition payments as well as registration fees and other charges through the school term will be billed and paid through the FACTS Management program.

5. Medical Treatment Consent

We, the parents/guardians of the child(ren) listed on the reverse side, hereby consent on behalf of our child(ren), to any hospitalization or medical treatment by any licensed physician in the case of illness or injury to said children, arising from or relating to events or activities which take place during-or in the travel to and from- any sports or field trips which take place during the 2019-2020 school year, or while our child(ren) is otherwise within the custody of any of the priests, teachers, delegates, drivers, volunteers, agents, employees of Our Lady of Sorrows.

6. Permission to Transport Minor Children Agreement for School Sports and Field Trips

We, the parents/guardians of the child(ren), listed on the reverse side, hereby consent to allow any of the priests of the Society of Saint Pius X, the teachers of Our Lady of Sorrows Academy, any parishioners or other volunteers, or whomever any of these so delegates to transport my child(ren) to and from any sports or field trips which take place during the 2019-2020 school year, provided that we will have been notified of each sports or field trip (and will have consented by sending our child(ren) to go).

7. General Release of Liability Agreement for School Sports and Field Trips

We further release and hold harmless Our Lady of Sorrows Academy, the Society of Saint Pius X, South-West District Inc., and any and every one of its chapels, schools, or other subsidiaries of affiliates, and any and every one of the priests, teachers, delegates, drivers, volunteers, agents, employees, officers or directors of these entities from any liability or claim of liability, including negligence, and for any personal injury, including death, (and especially including- but not limited to bodily injury or death from any motor vehicle accident) and for any other damages (including actual, compensatory, consequential, or incidental), arising from or relating to activities which take place during or in travel to and from any sports or field trips which take place during the 2019-2020 school year, subject to the notification requirement referred to above.

8. Parent Acknowledgement & Certification

We, the parents/guardians of child(ren), listed on the reverse, acknowledge that we have completed this registration application, and the emergency and medical information forms to the best of our knowledge. If any information changes, we will notify the school registrar's office in writing as soon as it occurs.

Parent/Guardian Signatures: _____ Date: _____

_____ Date: _____

DISCLAIMER: Our Lady of Sorrows Academy reserves the right to deny enrollment based on the following: current grade enrollment is full; inadequate/incomplete Registration Packet, non-affiliation, or behavior problems. *All information provided by the family for the student(s) will be protected by OLOSA personnel who will use it only for the benefit of the student(s) entrusted to the school. It will be shared only with appropriate emergency medical or law enforcement personnel if the Principal deems it necessary or as required by the law.*

(Office Use Only-Received _____ Reqmts Complete _____ Fee Paid _____ Meeting Date/Approved _____ Start Date _____)