



MONSIGNOR CLARKE SCHOOL

Application Form

\$200.00 non-refundable application fee per student is due at time of application

I wish to reserve a place for my child in grade: _____ If Pre-K or Little Angels please indicate # of days: _____

My child is currently enrolled in the following year of school – Pre-K K 1 2 3 4 5 6 7 8

Current School _____ Address of School: _____

Prospective Student Information: (Please print)

First _____ Last _____ Middle _____

Date of Birth _____ Gender _____ M _____ F

Child resides with: _____ Both Parents _____ Mother _____ Father _____ Grandparents _____ Other

Address: _____

2nd Address if Needed: _____

Special Circumstances Regarding Custody or Visitation Papers: _____ Yes _____ No

*If Yes, a copy of custody document MUST be submitted prior to the start of school

Child's Race (please select): ☐ White ☐ Hispanic/Latino ☐ Native American ☐ Black ☐ Asian ☐ Hawaii/Pac Isl. ☐ Other

Is the student Catholic? _____ Yes _____ No If no, please indicate religion if any _____

Parish to which the family belongs (if any): _____

Child's Date of Baptism: _____ Church: _____

Child's Date of First Communion: _____ Church: _____

Does your child require any services? _____ Yes _____ No

If yes, please explain _____

Siblings: _____

(Please list names, ages and schools currently attending)

Parent or Legal Guardian Information: (Please print)

Mother's Name _____ Occupation _____

Home Phone () _____ Cell Phone () _____

Email Address _____ @ _____

Father's Name _____ Occupation _____

Home Phone () _____ Cell Phone () _____

Email Address _____ @ _____

Legal Guardian's Name (if applicable) _____ Occupation _____

Home Phone () _____ Cell Phone () _____

Email Address _____ @ _____

Msgr. Clarke School Application Form *Continued*

How did you hear about Msgr. Clarke School?

☐ Current student/family ☐ Alum ☐ Mailing from school
☐ Church Bulletin ☐ Flyer ☐ Radio
☐ Visit from school representative ☐ Newspaper (which one: _____)
☐ Internet Web site ☐ Other _____

Who referred you? Who has spoken to you about our school? Do you know anyone who attends?

What are you most interested in knowing about Msgr. Clarke School?

☐ Academic Program ☐ Spiritual Opportunities
☐ Discipline ☐ Financial Assistance
☐ Results of Standardized Tests ☐ Facilities
☐ Transportation ☐ Extra Curricular Opportunities
☐ Preparation for high school ☐ Success of graduates after MCS
☐ Other: _____

What are some of your son's/daughter's interests?

☐ Performing arts ☐ Visual arts ☐ Math ☐ Science
☐ Service opportunities ☐ Campus Ministry ☐ English ☐ Choir
☐ Band ☐ Student organizations ☐ Technology ☐ History/Government
☐ Sports (which ones: _____)

Would you like to participate in a "Shadow Day"? Yes No

If so, what dates would work best? _____

Would you like to attend an upcoming Open House? Yes No

Would you like to speak with our principal (or Advancement/Development Director)? Yes No

My signature verifies that all information on this application is true and no pertinent or requested information has been withheld. I understand that if in fact information has been withheld, my child's application status may be changed and acceptance rescinded. Student acceptance is not final until the student has attended a "shadow" day and all recommendations have been received from the student's current school and approval has been given by the Principal of Msgr. Clarke School.

Msgr. Clarke School does not discriminate on the basis of race, color, religion, national origin, sex, disability, age or sexual orientation in admission and access to its programs.

Parent/Guardian Signature

Date

OFFICE USE: \$200.00 registration fee due at time of registration (non-refundable)

REG. FEE Date paid: _____ Check #: _____ Cash _____ Rc'vd By: _____



MONSIGNOR CLARKE SCHOOL

2021-2022 ANNUAL TUITION RATES

LITTLE ANGELS EARLY LEARNING PROGRAM FULL DAY (18 MONTHS – 3 YRS)

5 DAYS	\$310 PER WEEK
4 DAYS	\$292 PER WEEK
3 DAYS	\$249 PER WEEK

PRE-K FULL DAY - (3 YR OLD)

5 DAY	\$7,900 <i>APPROX \$198 PER WEEK</i>
4 DAY (T,W,TH,F)	\$7,450 <i>APPROX \$186 PER WEEK</i>
3 DAY (T,W,TH)	\$7,100 <i>APPROX \$178 PER WEEK</i>

PRE-K FULL DAY - (4 & 5 YR OLD)

5 DAY	\$7,900 <i>APPROX \$198 PER WEEK</i>
4 DAY (T,W,TH,F)	\$7,450 <i>APPROX \$186 PER WEEK</i>

GRADES K-5 \$7,675

GRADES 6-8 \$8,400

EXTENDED DAY PROGRAMS

Available Before School beginning at 7:15 am and After School until 5:30 pm.

Rate is \$ 9.50 per hour. PACKAGES AVAILABLE (inquire within).

***Newly enrolled (full time) families, Grades Kindergarten thru 8th are eligible to receive a voucher for 1 free year of extended day AM or PM.**

SUMMER ENRICHMENT AND SCHOOL'S OUT PROGRAMS

To help bridge the gap for our working parents, we offer both Summer Enrichment and School's out programs.

****Newly enrolled families Grades K-8 receive \$200 voucher to try out a camp during your first year.**

TUITION ASSISTANCE

In order to apply for tuition assistance, families must complete a tuition assistance application and submit it to our needs-assessment provider, FACTS Management. Parish financial assistance may also be available to you for Grades K-8. In addition to FACTS application, please complete your Parish Financial Aid Form and submit to your local parish. Awards are not renewable, so families must re-apply each year.

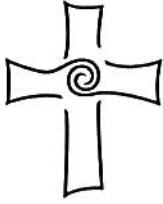
More information and links can be found on our website www.monsignorclarkeschool.org

MANDATORY SPRING RAFFLE

Each family will be assessed a fundraising obligation of \$200 which may be met by purchasing or selling raffle tickets to benefit our Annual Fund.

ADDITIONAL FEES (NON REFUNDABLE)

Application Fee	\$200 per student (Registration fee capped at \$375 for families of 3 or more)
Lab Fee	\$20 per student
Graduation Fee	\$75 per student <u>only applies to students in 8th grade.</u>
Technology Fee	\$25 per student in <u>grades 2 - 8 only.</u>
Sports Fee	\$150 Fee per sport is applied to anyone participating in Middle School Sports Additional \$25 Transportation fee may be incurred for select sports.



MONSIGNOR CLARKE SCHOOL

5074 TOWER HILL ROAD, WAKEFIELD, RI 02879

RECORDS REQUEST / RELEASE FORM

Student Name: _____ Date of Birth: _____

Student Address: _____

Current Grade: _____ Guidance Counselor Name: _____

I hereby authorize the below listed school to release to Monsignor Clarke School all school records, including, but not limited to, health, educational, standardized testing and any special education or support plans.

Current School: _____

Phone Number: _____ Fax Number: _____

1. Records requested are to be used in both the application process as well as the acceptance process should the student/parents enroll in Monsignor Clarke School.
2. Parental authorization for release of records may be withdrawn at any future time.
3. This release allows both schools to conduct confidential conversations about this student.

Parent Signature: _____ Date: _____

STUDENT HEALTH HISTORY

DATE _____

Student's Name _____

Date of Birth: _____

Home Phone _____

Grade/Teacher _____

Name of Physician _____

Phone _____

Address _____

Check any Current Health Conditions:

Asthma _____ Eczema _____ Diabetes _____ Bone/Joint Problems _____ Scoliosis _____ Seizures _____

Heart Condition _____ Physical Disability _____ Emotional Problem _____ Other _____

Check Any Past Illness, Injuries ,Operations or conditions:

Strep Throat _____ Hives _____ Chicken Pox _____ Scarlet Fever _____ Pneumonia _____ Sinus Infection _____

Headache _____ Stomach aches _____ Earaches/Infections _____ Operations _____ Other _____

Is your child able to fully participate in school activities? _____

Medications:

Is your child currently taking any medication including inhalers at Home? Yes _____ No _____

Name of Medication(s) _____

Is there any medication(s) that need to be taken at school? Yes _____ No _____

List medication and times to be taken at school _____

*Medications at school require the authorization form. No child should bring medication to school. (Epi-pens excluded)***Check any Allergies:**

Food Allergy (list) _____ Benadryl required _____ Epi-Pen _____

Bee Stings _____ Benadryl required _____ Epi Pen required _____

Medications (list) _____

Environmental Allergies (list) _____ Other _____

Vision and Hearing:

Does your child have trouble hearing? _____ Hearing aides or Tubes _____

Does your child have difficulty seeing? _____ Eye glasses or Contacts _____

Dental Information

Dentist Name _____ Address _____ Phone _____

Date of last dental exam or next _____

Please note any additional information about your child _____

Parent/Guardian Signature: _____ Date _____

Parent/Guardian(s) are responsible for notifying the bus driver and any after school programs regarding any health issues for their child

School Name & Address:

Grade: _____



STATE OF RHODE ISLAND SCHOOL PHYSICAL FORM

Health Care Provider Name and Address:

Phone: _____

This form may substitute for any district-issued form. All districts must accept this form. General health examinations shall be documented in a standardized format with one copy available from the Rhode Island Department of Health or in any such format that captures the same fields of information (R16-21SCHO Section 8.4)

Student Name: Last	First	Middle	Date of Birth	Sex
Address: Street	Apt #	City	State	Zip Code
			Home Phone	

PLEASE COMPLETE ALL INFORMATION BELOW (May attach immunization transcript).

IMMUNIZATIONS	Please enter dates in MM/DD/YYYY format			
Hepatitis B				
Diphtheria-Tetanus-Pertussis DTaP < 7 years				
Pneumococcal Conjugate PCV				
Polio				
Haemophilus Influenzae Type B Hib				
Measles-Mumps-Rubella MMR				
Varicella			<input type="checkbox"/> Student has history of varicella disease	
Tetanus-Diphtheria-Pertussis Tdap/Td > 7 years				
Rotavirus				
Hepatitis A				
Meningococcal				
HPV				
Influenza				

Medical Exemption:

☐ Hep B
 ☐ DTaP
 ☐ PCV
 ☐ Polio
 ☐ Hib
 ☐ MMR
 ☐ Varicella
 ☐ Td/Tdap
 ☐ Rotavirus
 ☐ Hep A
 ☐ Mening
 ☐ HPV
 ☐ Influenza

PHYSICAL EXAMINATION

Date of PE ____/____/____ Height _____ Weight _____ BP _____

PLEASE NOTE ANY HEALTH PROBLEM, CHRONIC HEALTH CONDITION OR DISABILITY THAT MAY AFFECT BEHAVIOR OR HEALTH AT SCHOOL:

1. ASTHMA: No ☐ Yes ☐ If yes, complete an [Asthma Action Plan](http://www.health.ri.gov/publications/actionplans/2012Asthma.pdf) (www.health.ri.gov/publications/actionplans/2012Asthma.pdf)
2. ALLERGIES: No ☐ Yes ☐ (Please explain) _____ EPINEPHRINE AUTO-INJECTOR REQUIRED: No ☐ Yes ☐
 If student has a severe allergy (food, insect, other) complete a [Food Allergy & Anaphylaxis Emergency Care Plan](http://www.foodallergy.org/document.doc?id=234) (www.foodallergy.org/document.doc?id=234)
3. DIABETES: No ☐ Yes ☐ If yes, complete a [Physicians Order Form For Students With Diabetes](http://www.health.ri.gov/forms/school/PhysicianOrdersForStudentsWithDiabetes.pdf) (www.health.ri.gov/forms/school/PhysicianOrdersForStudentsWithDiabetes.pdf)
4. OTHER: _____
 Treatment Plan: _____

RESTRICTIONS: Can participate in physical education/sports: Fully ☐ With limitation ☐ _____

MEDICATION (REQUIRED AT SCHOOL): No ☐ Yes ☐ (Please list) _____

Other medication(s) that may affect behavior or health at school: _____

LEAD SCREENING (Required for children < 6 years old) Student is in compliance with lead screening requirements: Yes <input type="checkbox"/> No <input type="checkbox"/>	SCOLIOSIS SCREENING Yes <input type="checkbox"/> No <input type="checkbox"/>	VISION SCREENING (Children entering Kindergarten) <input type="checkbox"/> Passed Screening <input type="checkbox"/> Screened & referred for comprehensive exam <input type="checkbox"/> Referred for comprehensive exam, but not screened Screening / Referral Date: _____ Comprehensive Exam Date: _____
TUBERCULOSIS (If required by school district) Date of TB test: _____		

HEALTH CARE PROVIDER SIGNATURE: _____

DATE: _____

PRINT NAME: _____

MONSIGNOR CLARKE CATHOLIC REGIONAL SCHOOL

INFORMATIONAL SHEET ON RHODE ISLAND HEALTH REQUIREMENTS FOR SCHOOL ENTRY – ALL GRADES

This sheet provides guidance from the RI Department of Health regarding necessary medical requirements for all grades in Monsignor Clarke School.

I. Physical Examination and Health History

Rhode Island law requires that all students entering Daycare (Little Angels), Pre-Kindergarten, Kindergarten, Grade 7, as well as all newly enrolled and out-of-state transfer students must show evidence of a health history and physical examination conducted in the 12 months preceding the date of school entry, or completed within 6 months after entering school. The RI School Physical Form is available on the Monsignor Clarke website.

II. Immunization Requirements- For School Entry and Other Grades

Little Angels - Pre-K		Grades K - 6		Grades 7 - 8			
Vaccine	Doses	Vaccine	Doses	<i>Evidence of all previous vaccines listed for LA-grade 6 and the grade specific vaccines listed below:</i>			
<ul style="list-style-type: none"> Hepatitis B DTaP Polio MMR Varicella HIB PCV 	3	<ul style="list-style-type: none"> Hepatitis B DTaP Polio MMR Varicella 	3	Grade 7		Grade 8	
	4		5	Vaccine	Doses	Vaccine	Doses
	3		4	• HPV	1	• HPV	2
	1		2	• MCV4	1		
	1		2	• Tdap	1		
	3						
	4						

III. Additional Requirements

Little Angels - Pre-K	Kindergarten	Grade 7
<ul style="list-style-type: none"> Physical exam Health History Lead Screening 	<ul style="list-style-type: none"> Physical Exam Health History Lead Screening Vision Screening 	<ul style="list-style-type: none"> Physical Exam

* A signed note by a doctor stating that the child has a history of chickenpox can meet the requirement for varicella immunizations.

* Per recent ACIP recommendations, adolescents 9-14 years of age need 2 doses of HPV vaccine for series completion, and adolescents 15 - 26 years of age need 3 doses for series completion.

Lead Screening: According to RIDOH, all children entering daycare (Little Angels), Pre-K and kindergarten are required to provide documentation of lead screening prior to school entry.

Vision Screening: According to state law, all children entering kindergarten are required to provide documentation of a vision screening prior to school entry. It can be performed by a physician during a regular well visit or by an eye doctor.

YOUR CHILD MAY NOT ENTER SCHOOL WITHOUT PROOF OF IMMUNIZATIONS