FINANCIAL OBLIGATION

SCHOOL YEAR _____________  GRADE (Please check one)  □ PK  □ K  □ 1  □ 2  □ 3  □ 4  □ 5  □ 6  □ 7  □ 8

LAST NAME __________________________ FIRST NAME __________________________ MIDDLE NAME(S) __________________________

1. PLEASE INDICATE THE PERSON RESPONSIBLE FOR THE FINANCIAL OBLIGATION OF THE CHILD.
   □ PARENTS
   □ FATHER
   □ MOTHER
   □ If other, please complete the following:

   LAST NAME __________________________ FIRST NAME __________________________ MIDDLE NAME(S) __________________________

   RELATION TO CHILD □ STEPMOTHER  □ STEPFATHER  □ AUNT  □ UNCLE  □ SISTER  □ BROTHER
   □ GRANDMOTHER  □ GRANDFATHER  □ Other, please specify __________________________

   HOME PHONE __________________________ WORK PHONE __________________________
   MOBILE PHONE __________________________ EMAIL ADDRESS __________________________
   MAILING ADDRESS ________________________________________________________________
   ________________________________________________________________
   ________________________________________________________________

2. CHOOSE A PAYMENT OPTION BELOW.

PAYMENT OPTION

□ OPTION A: Annual Payment (due upon registration)

□ OPTION B: Semi-Annual Payment
(1st half due upon registration, 2nd half due January 1 of current school year)

□ OPTION C: Ten-Month Payment Plan [due every 1st of the month]
(monthly payment starting on August 1 to May 1 of current school year)
ENROLLMENT AGREEMENT

We ___________________________  I ___________________________
(please print name)                  Parent / Guardian of
(please print name)

and

_________________________

Parents / Guardians of
(please print name)

_________________________

Student Name

do hereby pledge our support and promise to fulfill our responsibilities and financial obligations to the school; agree to conform with the rules and regulations that are stipulated in the Parent-Student Handbook; shall endeavor to participate actively in the spiritual and special functions as manifested in the School Calendar of Events and other special announcements.

We understand that by signing this agreement for the current academic year, we hereby assume, warrant and guarantee payment of tuition and other fees on time. If tuition payment is not made by the 1st of the month, we understand that a late charge of $25.00 will be made.

We also agree on the following:

The student is temporarily enrolled until his/her permanent record is obtained. His/Her academic performance and behavior will be observed during the first quarter. In the event that the child needs special academic assistance which the school cannot provide, parents will be notified. The administration and the parents will confer to make the most appropriate decision.

We promise to pick up our child right after school, between 2:50 and 3:30 p.m. If our child is a member of any school activity, e.g. Honor Choir, Interscholastic sports, MathCounts, Stu-Co, and NJHS, we promise to pick him/her up after the activity, the time of which will be made known to us by our child or by the teacher adviser. In the event the student is not picked up on due time, and something happens to him/her inside or outside the school grounds, we understand that the school is held free from any liability.

_________________________

Signature of Parent / Guardian

_________________________

Signature of Parent / Guardian

_________________________

Date
**MEDICAL CLEARANCE FORM FOR SCHOOL ADMISSION**

**STUDENT NAME**  
**DATE**  

**GRADE ENTERING (Please check one)**  
PK □  K □  1 □  2 □  3 □  4 □  5 □  6 □  7 □  8 □  SCHOOL YEAR ______

**DATE OF BIRTH**  
**AGE**  
**ETHNICITY**

**HOME ADDRESS**  

**HOME PHONE**  
**E-MAIL**  
**PHYSICIAN’S NAME**

**FATHER’S NAME**  
**CELLPHONE**  
**PHYSICIAN’S PHONE NO.**

**MOTHER’S NAME**  
**CELLPHONE**  
**HOSPITAL/CLINIC**

**BEST NUMBER TO CALL FOR EMERGENCY**

### PART 1: PHYSICAL EXAMINATION

<table>
<thead>
<tr>
<th>Height</th>
<th>Weight</th>
<th>T</th>
<th>P</th>
<th>R</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood Pressure</td>
<td>Vision: RT</td>
<td>Normal</td>
<td>Abnormal</td>
<td>Not Examined</td>
</tr>
</tbody>
</table>

**CHECK EACH LINE**

- **Medical Clearance**
  - General Appearance
  - Skin, Hair, Nails
  - Eyes: External (pupils-cornea)
    - optic fundus
    - Muscle balance
  - Ears: External
    - auditory acuity
    - Tympanic membrane
    - Tympanogram
    - Pure Tone
  - Nose, Mouth
  - Pharynx, Larynx
  - Speech
  - Teeth, Gums
  - Neck, Lymph Nodes
  - Thyroid
  - Cardiovascular
  - Respiratory
  - Gastrointestinal
  - Genito-Urinary
  - Musculo-Skeletal
  - Scoliosis Screening

**Describe suspicious or abnormal findings**

### PART 2: IMMUNIZATION RECORD: PLEASE ATTACH A COPY OF UPDATED IMMUNIZATION RECORD.

- Please check one:  
  - ☐ Perfectly Healthy
  - ☐ Specific Problem(s) Noted
  - ☐ Handicapped

This child is physically fit to participate in physical education and/or athletic events and related activities.  

- ☐ Yes  
- ☐ No

**Name of Physician (PRINT)**  
**Clinic**  
**Email address**  
**Health Insurance**  
**Policy No.**

**PARENTAL / GUARDIAN CONSENT**

I hereby give permission for the physician to examine my child so that he/she may obtain medical clearance to participate in athletic activities. Therefore, neither the examining physician nor the school is to be held liable for any abnormalities not detected in this examination. Permission is also granted to my child (NAME)_____________ to participate in the athletic activities approved by the Physician as initialed for this school year.

**PARENT/GUARDIAN SIGNATURE**  
**DATE**

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<table>
<thead>
<tr>
<th>Condition</th>
<th>NO</th>
<th>YES</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ALLERGIES: FOOD, MEDICATION, ETC</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>if YES, when?</td>
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<tr>
<td><strong>HEART PROBLEMS OR HEART DISEASE</strong></td>
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<tr>
<td>if YES, when?</td>
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<tr>
<td><strong>CHEST PAINS</strong></td>
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<td>if YES, when?</td>
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<tr>
<td><strong>ASTHMA</strong></td>
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<td>if YES, when?</td>
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<tr>
<td><strong>SHORTNESS OF BREATH</strong></td>
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<tr>
<td>if YES, when?</td>
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<tr>
<td><strong>HEAD INJURIES</strong></td>
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<tr>
<td>if YES, when?</td>
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<tr>
<td><strong>FRACTURES</strong></td>
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<tr>
<td>if YES, when?</td>
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<tr>
<td><strong>WEAK JOINTS OR BACK PROBLEMS</strong></td>
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<td><strong>TAKING MEDICATION</strong></td>
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<tr>
<td>if YES, what kind?</td>
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<tr>
<td><strong>SURGERY</strong></td>
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<td>if YES, what type?</td>
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<tr>
<td><strong>BLOOD DISORDER</strong></td>
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<td><strong>HERNIA</strong></td>
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<tr>
<td><strong>RHEUMATIC FEVER</strong></td>
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<tr>
<td><strong>DIABETES</strong></td>
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<tr>
<td><strong>HEARING PROBLEMS</strong></td>
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<tr>
<td>if YES, when?</td>
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<tr>
<td><strong>VISION PROBLEMS: GLASSES/CONTACTS NEEDED</strong></td>
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<tr>
<td><strong>CONVULSIONS/SEIZURES OR BREATHING SPELLS</strong></td>
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<tr>
<td>if YES, when?</td>
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<tr>
<td><strong>OTHER SERIOUS INJURY OR ILLNESS? IF YES, PLEASE EXPLAIN BELOW</strong></td>
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**REMARKS:**

________________________________________________________________________

________________________________________________________________________

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To the best of my knowledge, the information on this page is accurate and complete.

**SIGNATURE OF PARENT OR GUARDIAN** ____________________________ **DATE** ____________________________

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MEDICAL CLEARANCE FORM