

18300 St. Patrick Road
Biloxi, Mississippi 39532

ST. PATRICK CATHOLIC HIGH SCHOOL



Phone: 228.702.0500
Fax: 228.702.0511

APPLICATION FOR ADMISSION

Thank you for your interest in St. Patrick Catholic High School. Admission is contingent upon space availability and acceptance according to admissions policies. Continued enrollment is contingent on satisfactory academic progress, proper conduct, and timely payment of tuition.

Admission Requirements for Returning Students:

- Submit the application for admission.
- Submit the course selection sheet.
- Submit the medical history and consent form.
- Submit the financial policies document.
- Submit activities packet and travel consent (students participating in athletics or activities).
- Submit physical examination form (students participating in athletics).
- Pay the registration fee.

St. Patrick Catholic High School admits students without regard to race, color, gender, or national and ethnic origin to all the rights, privileges, programs and activities generally accorded or made available to students at the school.

* Students transferring from one of our partner elementary schools are not required to complete items marked with an asterisk.

Admission Requirements for New Students:

- Submit the application for admission.
- Submit a copy of the student's previous school transcript or report card.*
- Submit the principal/counselor reference form.*
- Submit the course selection sheet.
- Submit the medical history and consent form.
- Submit the financial policies document.
- Submit current Mississippi immunization record (showing TDAP vaccine received).
- Submit activities packet and travel consent (students participating in athletics or activities).
- Submit physical examination form (students participating in athletics).
- Interview with the principal.*
- Pay the registration fee.

APPLICANT INFORMATION

Last Name

First Name

Middle Name

Preferred Name

Home Address

City

State

Zip Code

Gender

Ethnicity

Date of Birth

Grade

Home Phone Number

Student Email Address

Student lives with

Social Security Number

Religion (Parish, if Catholic)

FAMILY INFORMATION

Father's Name

Mother's Name

Home Address (if different from applicant)

Home Address (if different from applicant)

City

State

Zip Code

City

State

Zip Code

Home Telephone Number

Home Telephone Number

Cell Number

Cell Number

Business Telephone Number

Business Telephone Number

Email

Email

Father's Employer

Mother's Employer

Father's Religion (Parish, if Catholic)

Mother's Religion (Parish, if Catholic)

Marital Status

Marital Status

If applicable, stepmother's name

Phone Number

If applicable, stepfather's name

Phone Number

ADDITIONAL INFORMATION

In addition to the parent(s)/guardian(s), the following people may check out the student from school:

Does the student have any special academic needs? Yes No If yes, please explain:

SIGNATURE VERIFICATION

The information contained in this application is complete and accurate to the best of my knowledge. I have read, understand, and will comply with the policies of St. Patrick Catholic High School outlined in the current student handbook.

Parent/Guardian Signature

Date

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MEDICAL HISTORY AND CONSENT FORM

Student Name _____ Gender _____ Date of Birth _____

Emergency Contact _____ Phone Number _____ Relationship to Student _____

Physician Name _____ Phone Number _____

Dentist Name _____ Phone Number _____

Insurance Name _____ Policy or ID Number _____

Past Medical History

- | | | |
|--|--|---|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Dental Problems | <input type="checkbox"/> Menstrual Disorders |
| <input type="checkbox"/> Bladder/Kidney Problems | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Mental/Emotional Disorders |
| <input type="checkbox"/> Bone/Joint Problems | <input type="checkbox"/> Frequent Infections | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Bowel Problems | <input type="checkbox"/> Headaches | <input type="checkbox"/> Skin Problems |
| <input type="checkbox"/> Breathing Problems | <input type="checkbox"/> Hearing (Hearing Aid) | <input type="checkbox"/> Stomach Problems |
| <input type="checkbox"/> Broken Bones | <input type="checkbox"/> Heart Disease/Murmur | <input type="checkbox"/> Vision (Glasses/Contacts) |
| <input type="checkbox"/> Concussion(s) | | |

If yes to any of the above, please explain: _____

Please list any surgeries, serious injuries, or childhood diseases: _____

Please list any allergies and type of reaction: _____

Do you give consent for your child to be examined by the school nurse for treatment as required? Yes No

Is your child currently taking any medications? Yes No

If yes, please list the names of medications and the doctors who prescribed them: _____

Below is a list of over-the-counter items that may be available in the nurse's office. Medications will be given according to the manufacturer recommended dosage and health office protocols unless otherwise specified by you or your physician.

Please initial next to each medication for which you give your permission for administration to your child. Please note that generic forms of the specific medication may be used.

Oral Medications

Topical Medications

_____ Acetaminophen, Tylenol

_____ Triple antibiotic ointment, Neosporin

_____ Ibuprofen, Advil, Motrin

_____ Diphenhydramine, Benadryl ointment

_____ Diphenhydramine, Benadryl

_____ Calamine, Caladryl lotion

_____ Antacid

_____ Hydrocortisone ointment

_____ Simethicone, Gas-X

_____ Aloe vera or other burn gel

_____ Phenylephrine HCL, Sudafed PE

_____ Topical analgesic

_____ Loratadine, Claritin

_____ Chloraseptic throat spray

_____ Cough drops

Do you give permission for your child to be given the medications initialed above? Yes No

If yes, would you like to be notified each time your child is given the medications above? Yes No

Please list any other medical concerns: _____

Please sign below indicating that the information contained on this medical history and consent form is true and accurate. The nurse's office at St. Patrick Catholic High School will follow directives indicated on this form. If information changes, it is the parent/guardian's responsibility to contact the nurse's office.

Parent/Guardian Signature

Date

Registration Fee – Per Student

Registration by February 28	\$460
Registration by March 31	\$510
Registration by April 30	\$560
Registration on May 1 or after	\$610

FINANCIAL POLICIES | 2017-2018

	Tuition	Active Parishioner Discount **	General Fees Technology, Books, Insurance	Total Tuition and General Fees (not including registration)
Catholic Family – One Student	\$6,500	(-\$1,000)	\$500	\$6,000
Catholic Family – Two Students	\$13,000	(-\$2,440)	\$1,000	\$11,560
Catholic Family – Three Students	\$19,500	(-\$3,990)	\$1,500	\$17,010
Standard Rate	\$6,500	N/A	\$500	\$7,000

ADDITIONAL FEES

Graduation Fees (Required)	\$140 per senior; payable to “St. Patrick Catholic High School;” due by December 31
Lunch (Optional)	\$700 per year or \$5 per day; yearly meal plan is \$200 savings
Athletic Pass (Optional)	\$65 per person includes free admission to all home athletic events; non-transferrable
Yearbook (Optional)	\$80 at the time of registration; \$100 thereafter

FINANCIAL POLICIES AND FINANCING OPTIONS

Tuition Assistance	Additional tuition assistance may be allocated to your tuition account by your parish. Please contact your parish priest for more information. Applications should be requested from your parish and submitted directly to your parish.
Monthly Financing	Monthly financing by bank draft or credit card is available through First Bank and Trust. Online access will be available by May 1 at www.tuitionportal.fbtonline.com .
Payment Options	All tuition and fees (except graduation fee) should be paid by July 31 either by payment to the school or tuition financing with First Bank and Trust.

**To receive the Active Parishioner Discount, an Active Parishioner Form should be signed by the parish priest and returned to St. Patrick. The Active Parishioner Form is included in the registration packet and available on our website. The Active Parishioner Discount refers to those families who are participating members at one of the eighteen parishes that support St. Patrick.

Please sign below indicating your understanding of the above financial policies of St. Patrick Catholic High School. All tuition and fees are non-refundable after the first two weeks of school. The registration fee is non-refundable. Tuition rates are expected to be as listed above unless unexpected economic changes warrant an increase.

Parent/Guardian Signature

Date

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CATHOLIC HIGH SCHOOL



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ACTIVE PARISHIONER FORM

To receive the Active Parishioner Discount, an Active Parishioner Form should be signed by the parish priest and returned to St. Patrick Catholic High School. The Active Parishioner Discount is available to families who are participating members at one of the eighteen parishes that support St. Patrick Catholic High School.

**Please have your priest sign this form and return to St. Patrick.
ONLY ONE ACTIVE PARISHIONER FORM IS NEEDED PER FAMILY**

_____ Last Name

_____ Father Name

_____ Mother Name

Student(s) Name	Upcoming Grade
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

This family is an active, contributing, and registered member of _____ Parish.

_____ Signature of Pastor

_____ Date

Parish Stamp _____

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PRINCIPAL/COUNSELOR RECOMMENDATION FORM

Section I: To be completed by the parent/guardian of the applicant.

Student's Name

Parent/Guardian Name

Current School

No. of Years Attended

Please forward this recommendation form to the principal or counselor in your child's current school. To ensure a candid assessment of your child's performance, we ask you to sign the waiver statement included below.

I hereby authorize my child's school to prepare and submit the written recommendation required by St. Patrick Catholic High School as part of the admission process. I understand that this written evaluation is confidential and may not be reviewed by the applicant or applicant's parent/guardian. This evaluation will be used only in the admission process and will not become part of the student's permanent record if the student is admitted.

Parent/Guardian Signature

Date

Section II: To be completed by the principal/counselor of the applicant.

Principal/Counselor Name

Relationship to Student

The above-named student has applied for admission at St. Patrick Catholic High School. It is important in the admission process that you provide an objective, honest assessment of this student's talents and capabilities. All recommendations are held in strictest confidence and weigh considerably in the decision-making process. We appreciate the time you are devoting to this consideration.

Does the student have any significant attendance problems? Yes No

If yes, please explain: _____

Has the student ever been expelled from school or placed in OSS or ISS? Yes No

If yes, please explain: _____

Have any modifications or accommodations been made in this student's academic program? Yes No

If yes, please explain: _____

Please compare the applicant to his or her entire class by placing a check in the appropriate column below.

	Excellent	Above Average	Average	Below Average	Not Observed
Ability to work independently					
Academic potential					
Academic performance					
Conduct/citizenship					
Cooperation with adults					
Honesty					
Leadership					
Motivation					
Participation					
Relationship with classmates					
Study habits					

In your professional opinion, would you recommend this applicant for a demanding college preparatory curriculum?

- Yes, with enthusiasm
 Yes
 Yes, with reservations
 No

Please share with us your overall impression of this individual and the impact he or she has had on your school.

Please call me so we can discuss further.

Principal/Counselor Signature

Date

Upon completion, please return this form by mail, fax, or email. Please include a copy of the student's transcript or most recent report card and complete discipline record. This recommendation will remain confidential and will not become part of the student's permanent record.

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Fax: 228-702-0511

Email: mbuckley@stpatrickhighschool.net

Please read the following waiver and sign below indicating your understanding and agreement. All students who wish to participate in athletics, extracurricular activities, or field trips should have a signed waiver before they will be permitted to participate.

Transportation and Consent to Travel

I give full consent for the above named student to be transported on a school bus or other school-approved vehicle for participation in school activities, athletic events, and field trips. I understand that I will be notified by the administration, teacher, coach, or club sponsor of all events prior to my child's participation. I understand that all school policies will be enforced during the entire time of any school-sponsored event whether on or off campus.

Participation in Athletics and Extra Curricular Activities

I give full consent for the above name student to participate in any and all activities as a St. Patrick Catholic High School student. I understand that these events or activities may take place away from school groups and that the student will be under the supervision of the school-appointed chaperones during said events. I further understand that by granting this permission, I am agreeing that I and my child will abide by all policies and rules set forth by the Mississippi High School Athletic Association (MHSAA), the Catholic Diocese of Biloxi, St. Patrick Catholic High School, and the coaches, teachers, and/or sponsors of the said program or activity.

I also understand that all decisions regarding the participation of the student in the said program or activity is made by the coaches or sponsors of the program. Please note that when students travel to school-sponsored events by bus, they must return to the school on that bus. They will not be allowed to ride home in private vehicles unless permission is granted by the coach or sponsor. If parents or guardians wish to transport to another destination after an event, a written permission notes must be signed by the parent or guardian and approved by the coach, teacher, or sponsor at the site of departure. I agree to release, indemnify, and hold harmless St. Patrick Catholic High School and the Catholic Diocese of Biloxi, their agents, assigns, employees, and subdivisions from any and all liability, damages, or costs, including attorney's fees, for personal or property damages which may arise out of or are associated with or are a result of an accident or injury which involves the above named student and which are related to or occur while on a school trip.

Medical Emergency Situations

In case of emergency, I give permission for my child to be administered medical help. I assume any expenses for liability not covered by my insurance coverage. I also accept full responsibility for all medical and other related expenses. I hereby waive the Catholic Diocese of Biloxi, St. Patrick Catholic High School, and their agents or assigns of responsibility for such injury or expenses and waive any and all claims which may arise against them. I realize that participation in organized interscholastic activities involves the potential for injury which is inherent in sports, sometimes severe enough to result in disability or death. I understand that St. Patrick Catholic High School may provide insurance coverage for all students. This coverage is secondary to families that have primary insurance coverage. If a family does not have primary coverage, St. Patrick Catholic High School's insurance will be considered the primary coverage. All injuries of any nature must be reported to the coach or sponsor, parents, and the doctor of the student who is injured.

Photography Release

I authorize St. Patrick Catholic High School to publish photographs taken of my child for use in print, online, social media, and video-based marketing materials, as well as other company publications. I understand that it my responsibility to notify the administration of St. Patrick Catholic High School if I wish for photographs to not be taken of my child. I acknowledge and agree that publication of any photos confers no rights of ownership or royalties whatsoever.

Furthermore, I understand that the principal or vice principal has the right to deny any student's participation in any school-sponsored event if he or she deems it necessary due to the possibility of harm to other students, student discipline problems, academic issues, tuition and payment deficiencies, any other reason rationally related. By affixing my signature, I acknowledge that I have read, understand, and agree to all terms contained on this form.

Parent/Guardian Signature

Parent/Guardian Printed Name

Date

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PHYSICAL EXAMINATION FORM

A completed physical form must be completed and on file for the 2017-2018 school year before a student may participate in the athletic program at St. Patrick Catholic High School.

Student Last Name First Middle Date of Birth

I state that my signature below authorizes the physicians and athletic staff to conduct this screening. I understand this exam is only for athletic or school activity participation purposes. As such, I agree not to hold the examining physician or any staff member associated with this screening legally liable for any injuries and/or non-indicated medical conditions which may appear.

Parent/Guardian Signature Parent/Guardian Printed Name Date

PHYSICIAN EXAMINATION

The information below is to be filled out by the physician. Physicians may use this form or attach a copy of their own, if preferred.

Height Weight Blood Pressure Pulse

Orthopaedic Exam

	Norm	Abnl		Norm	Abnl		Norm	Abnl
Spine/Neck	_____	_____	Upper Extremity	_____	_____	Lower Extremity	_____	_____
Cervical	_____	_____	Shoulder	_____	_____	Hip	_____	_____
Thoracic	_____	_____	Elbow	_____	_____	Knee	_____	_____
Lumbar	_____	_____	Wrist	_____	_____	Ankle	_____	_____
			Hand/Fingers	_____	_____	Feet	_____	_____

General Medical Exam

	Norm	Abnl		Norm	Abnl	General Health Comments
ENT	_____	_____	Lungs	_____	_____	_____
Heart	_____	_____	Abdomen	_____	_____	_____
Skin	_____	_____	Hernia (if need)	_____	_____	_____

From this limited screening, I see no reason why this student cannot participate in athletics. Student needs further evaluation as described above.

Physician Signature Physician Printed Name Date