



**Catholic Tradition.  
Academic Excellence.**

St. Mary of the Falls School  
8262 Columbia Road  
Olmsted Falls, Ohio 44138  
440-235-4580  
Fax: 440-235-6833

Dear Parents,

We are pleased that you have chosen St. Mary of the Falls School for your child's education. We are committed to providing a quality education based on Catholic values. We look forward to working with you and count on your support in continuing our strong Catholic traditions and academic excellence.

Tuition for the 2020-2021 school year for active St. Mary of the Falls parishioners is \$3,350 for the first child and \$3,100 for the 2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup> and 5<sup>th</sup> child. For a nonsubsidizing parish, the nonparishioner rate is \$4,900 per child. Tuition is payable in ten monthly payments beginning July 1. An active parishioner attends Sunday Mass on a weekly basis and supports the parish through weekly use of their church envelopes. Applications for financial assistance are made through FACTS at the following link: [www.factsmgt.com](http://www.factsmgt.com)

**Registration Procedure:**

1. Complete the registration and all other necessary forms.
2. Pay the nonrefundable \$100.00 registration fee.

Registration is not considered complete until all records have been received.

St. Mary of the Falls School has a dress code. Schoolbelles is our uniform provider. Catalogs are available online.

The school day is from 7:55am–2:30pm; St. Mary of the Falls offers a before and aftercare program for those families who need this service.

We look forward to meeting with you. If you have any questions, please contact the school office at 440-235-4580.

God Bless you,

Annemarie Rajnicek,  
Principal

**OFFICE OF CATHOLIC EDUCATION - DIOCESE OF CLEVELAND - PERMANENT RECORD CARD**  
**Saint Mary of the Falls School**  
**Olmsted Falls, OH 44138**



IDENT #		CLASS OR: (Year)	
<b>IDENT INFORMATION</b>			
Last Name	First Name	Middle Name	Sex
			Birthdate
			Birthplace (City, St, Country)
			Date Entered

*Click the box to the left of the current residence.* *Date student entered school.*

Residence Address		City	County	Zip	Home Phone	Student Parish / City
Ethnicity (Optional)		<input type="radio"/> Amer Indian/Alaskan Native <input type="radio"/> Black/African Amer <input type="radio"/> Native Hawaiian/Other Pacific Islands <input type="radio"/> Multiracial <input type="radio"/> Asian <input type="radio"/> Hispanic <input type="radio"/> White				

SACRAMENTS		BAPTISM CERTIFICATE		STUDENT ENTERED FROM	
Baptism Date	Verified by	Church	Rite	<input checked="" type="radio"/> Parochial	<input type="radio"/> Other
Reconciliation Date				School from City	
Communion Date				School from State	
Confirmation Date	City, St, Zip			Grade Entering	
				<input checked="" type="radio"/> OK <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8	

Check the boxes to the left of who student resides with.					
<b>STUDENT LIVES WITH</b>					
<input type="checkbox"/> Natural Mother (NM)	Last Name	First Name	Maiden Name	Birthplace	Occupation
<input type="checkbox"/> Natural Father (NF)					Employer
<input type="checkbox"/> Custodial M (CM)					Work Phone
<input type="checkbox"/> Custodial F (CF)					
<input type="checkbox"/> Other					

PARENTS/CUSTODIAL PARENTS		Catholic, Protestant, Jewish, Other		Married / Separated / Divorced / Remarried / Widowed / Single / Deceased		Under 12 years/High School Graduate/College Non-Graduate/College Graduate/Beyond College	
Natural Mother (NM)		Religion		Parent Status		Education	
Natural Father (NF)							
Custodial M (CM)							
Custodial F (CF)							
Other							

LEGAL GUARDIAN			OTHER CHILDREN IN THE FAMILY LIST NAME & BIRTHDATES		
Name		1.		4.	
Address		2.		5.	
City, St, Zip		3.		6.	

LANGUAGE SPOKEN AT HOME		<input type="checkbox"/> English	<input type="checkbox"/> Other (list)
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*The design of the Permanent Record Card is the property of the Diocese of Cleveland and may not be altered*



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## PERMISSION TO RELEASE SCHOOL RECORDS

By my (our) signature below, I (we) as parent(s) or legal guardian of

\_\_\_\_\_ whose date of birth is \_\_\_\_\_  
(Name of Student) (Date of Birth)

give permission to the principal of \_\_\_\_\_ School to  
(Name of School)

release the following school records of \_\_\_\_\_  
(Name of Student)

to St. Mary of the Falls School, 8262 Columbia Road, Olmsted Falls, OH 44138:

Place a check before the records authorized to be released:

- \_\_\_\_\_ Grades and academic records
- \_\_\_\_\_ Psychological assessments and records
- \_\_\_\_\_ Disciplinary records
- \_\_\_\_\_ Attendance records
- \_\_\_\_\_ Medical records
- \_\_\_\_\_ Testing results and/or evaluations

\_\_\_\_\_  
Witness Date

\_\_\_\_\_  
Parent Date

\_\_\_\_\_  
Witness Date

\_\_\_\_\_  
Legal Guardian Date

## LETTER TO PARENTS REQUIRED IMMUNIZATIONS

**TO:** Parents of Transfer Students  
**FROM:** School Health Clinic  
**DATE:** \_\_\_\_\_  
**SUBJECT:** Immunizations

In order to attend school, your daughter/son must have completed the following immunizations which are required under Ohio Law Sections 3313.671 and 3701.13 of the Ohio Revised Code:\*

- Four (4) or more doses of DTaP or DT, or any combination. Three doses of Td or a combination of Td and Tdap is the minimum acceptable for children age seven (7) and up.
- Effective with the 2012-2013 school year, and each year thereafter, one dose of Tdap (Tetanus, diphtheria and acellular pertussis, adolescent and adult formulation) must be administered prior to entry into the seventh(7<sup>th</sup>) grade. If one dose of Tdap was part of the initial series, another dose of Tdap will not be required. For students who entered 7<sup>th</sup> grade in 2010 or 2011, one dose of Td (Tetanus and Diphtheria) is acceptable. Tdap can be given regardless of interval since last tetanus or diphtheria-toxoid containing vaccine.
- Three (3) or more doses of OPV or IPV. If the third dose was received prior to the fourth birthday, a fourth dose is required. If a combination of IPV or OPV were received, four doses of either vaccine are required. For students that entered Kindergarten in 2010 or later, the final dose of polio vaccine must have been administered on or after the fourth birthday, regardless of the number of previous doses.
- Three doses of Hepatitis B vaccine. The second dose must be given at least 28 days after the first dose, and the third dose at least 8 weeks after the second dose and at least 16 weeks after the first dose. The last dose in the series (3<sup>rd</sup> or 4<sup>th</sup>) must not be administered before 24 weeks of age.
- Two (2) doses of MMR (Measles (Rubeola), Mumps, and Rubella (German Measles)) vaccine are required. The first dose must have been received on or after the 1st birthday and the second dose at least 28 days after the first dose.
- In the 2010-2011 school year, one (1) dose of Varicella vaccine will be required for grades 1-4 entry. This requirement is progressive, therefore extended to students in grades 2-5 in 2011, 3-6 in 2012, etc. Beginning with the start of the 2010-2011 school year, and progressively thereafter, all children entering Kindergarten are required to have two (2) doses of varicella vaccine. The first (1<sup>st</sup>) dose of vaccine must be given on or after the child's first (1<sup>st</sup>) birthday. The second dose should be administered at least three (3) months after dose 1; however, if the second dose is administered at least 28 days after the first dose, it is considered valid.
- Meningococcal: Beginning with the start of the 2016-2017 school year, all pupils entering the 7th and 12th grade are required to be vaccinated against meningococcal (serogroups A, C, W, and Y) disease. One (1) dose of meningococcal (serogroups A, C, W, and Y) vaccine is required prior to entry into the 7th grade. A second (2nd) dose of meningococcal (serogroups A, C, W, and Y) vaccine is required prior to entry into the 12th grade. The second (2nd) dose must be administered on or after the 16th birthday with at least eight (8) weeks between the first (1st) and second (2nd) dose. If the first (1st) dose of meningococcal (serogroups A, C, W, and Y) vaccine was administered after the 16th birthday, a second (2nd) dose is not required. If a pupil is 15 years of age or younger, only one (1) dose is required. This requirement shall be enforced progressively; therefore, the requirement shall be extended to 7th and 12th grade students in 2016, 7 – 8th and 12th grade students in 2017, 7 – 9th and 12th grade students in 2018, 7 – 10th and 12th grade students in 2019, 7 – 11th and 12th grade students in 2020, and 7-12th grade students in 2021.

According to Section 3313.671, on the 15th day after school entrance it will be necessary to exclude all students from school who do not meet the above requirements.

\*NOTE: Exceptions are provided for under the law. This can be discussed with the school's nurse.

(ONLY FILL OUT IF YOU ARE DIVORCED)

**St. Mary of the Falls School  
Information Regarding Legal Custody**  
to be completed as part of the registration/reregistration agreement

Date: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address of child's residence: \_\_\_\_\_  
\_\_\_\_\_

Child lives with: \_\_\_\_\_ both parents  
\_\_\_\_\_ mother as custodial parent  
\_\_\_\_\_ father as custodial parent  
\_\_\_\_\_ grandparent(s) with legal custody  
\_\_\_\_\_ other (Please explain.) \_\_\_\_\_

Residential parent/guardian:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Is there a court order (or pending order) affecting the custody and/or residence of the child?

**Please attach a certified copy of the entire court order including the case number and those sections referring to visitation rights and contacts with the school. Also include the page bearing the judge's signature and court seal. This copy should include any and all modifications made as of the date of registration of the child in the school. It is also the responsibility of the parents to inform the principal of any subsequent modifications during the child's tenure at the school.**

Non-residential parent:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

Does the non-residential parent have visitation rights? \_\_\_\_\_

Is there a court decision that states that the non-residential parent should NOT receive school information or attend school activities? \_\_\_\_\_

Is the non-residential parents responsible for paying tuition? \_\_\_\_\_