



**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 2018-2019 school year for active St. Mary of the Falls parishioners is \$3,220 for the first child and \$2,995 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 \$4,700 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: <https://online.factsmgt.com>

**Registration Procedure:**

1. Complete the registration and all other necessary forms.
2. Pay the nonrefundable \$100.00 registration fee.
3. New families must sign up to meet with Fr. Wally Hyclak or Mrs. Rajnicek.

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



STUDENT #	CLASS OF: (Year)					
STUDENT INFORMATION						
Last Name	First Name	Middle Name	Sex	Birthdate	Birthplace (City, St, Country)	Date Entered

*Click the box to the left of the current residence.*

Residence Address	City	County	Zip	Home Phone	Student Parish / City
<i>Date student entered school.</i>					

Ethnicity (Optional)  
 Amer Indian/Alaskan Native  
 Amer Hawaiian/Other Pacific Islands  
 Black/African Amer  
 Hispanic  
 Asian  
 White  
 Multiracial

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

*Check the box(es) to the left of who student resides with.*

STUDENT LIVES WITH							
<input type="checkbox"/> Natural Mother (NM)	Last Name	First Name	Maiden Name	Birthplace	Occupation	Employer	Work Phone
<input type="checkbox"/> Natural Father (NF)							
<input type="checkbox"/> Custodial M (CM)							
<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	
	Religion	Parent Status	Education			
Natural Mother (NM)						
Natural Father (NF)						
Custodial M (CM)						
Custodial F (CF)						
Other						

LEGAL GUARDIAN					
Name	OTHER CHILDREN IN THE FAMILY/LIST NAME & BIRTHDATES				
Address	1.				4.
City, St, Zip	2.				5.
	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:<sup>6</sup>

- Four (4) immunizations against DTP (Diphtheria, Tetanus, Whooping Cough). If fourth dose was received before 4th birthday, a fifth dose is required.
- Effective with the 2010-2011 school year, and each year thereafter, one dose of Tdap (Tetanus, diphtheria and acellular pertussis, adolescent and adult formulation) or Td (Tetanus and diphtheria, adult) vaccine shall be required prior to entry into the seventh(7<sup>th</sup>) grade. This dose is intended to be administered as a booster dose for students who have completed the required doses of the initial series of DTaP/DT/Td vaccine.
- Receipt of at least three (3) doses of OPV or IPV individually is required: if all OPV or all IPV are received. If the third dose was received prior to the fourth birthday, a fourth dose is required. If any combination of IPV or OPV were received, four doses of either vaccine are required.
- Effective with the 2010-2011 school year, and progressively thereafter, for all pupils entering Kindergarten, 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 is required for all students in grades K-11. 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. This requirement is progressive, therefore extended to students in grades K-12 on 2001-20012. 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 2001, 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, and the second (2<sup>nd</sup>) dose at least 28 days following the first dose.

A tuberculin skin test to determine if your child has been exposed to tuberculosis is highly recommended but not required.

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.

Medical authorities and school educators urge that every child have a complete medical examination before entering school in order that defects, if present, may be corrected and the child be physically ready to accept all the advantages which education has to offer. Please fill in the attached form stating your intent with regard to this examination.

If you have any questions please contact me directly, or speak with the building principal.

ONLY FILL OUT  
\*\*IF 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? \_\_\_\_\_